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ABSTRACT

Information on women and health from around the world is provided in this guide. So far, no country has formal mechanisms through which women themselves can create the policies and practices so critical to their own health and that of their families. A major purpose of the guide is to assist the many women's initiatives attempting to change this situation. Materials and group descriptions included were gathered through letters sent to contacts throughout the world. Topics discussed are: women's role in health; reproductive issues, including sexually transmitted diseases, contraception, abortion, sterilization, and population control; drugs and drug companies; food and eating; having children, including pregnancy, birth, breastfeeding, and infant feeding; menopause and aging; health and the environment; and self-help and healing ourselves. Annotated resources are listed for the various topics. Organizations providing services in various countries are also described. (The table of contents and introduction to this guide are written in Spanish, Dutch, French, Italian, and English; the guide is written in English.) (RM)

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Guida
INTERNAZIONALE
Su Donne & Salute
Répertoire
INTERNATIONAL
Sur Les Femmes & La Santé
Women & Health Resource Guide

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Sobre Mujeres & Salud
Frauen & Gesundheitsfuehrer
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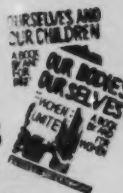
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This Guide represents the labor of many women. We thank the women from all over the world who took the time to share their information with us. The work never could have been completed without the special efforts of Jane Cottingham, Marilee Karl, Judy Norsigian, and Norma Swenson. We also would like to acknowledge the invaluable help of:

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Nuestro interés en este proyecto se desarrolló gradualmente a medida que nos dábamos cuenta de un vacío de publicaciones que en forma sistemática relacionara los temas: "Mujer" y Salud" a nivel internacional. A través de la correspondencia y de reuniones y discusiones con mujeres en diferentes partes del mundo, nuestras organizaciones se encontraron con una gran variedad de iniciativas de parte de la mujer en el área de salud así como con la ausencia de comunicación entre diferentes grupos dedicados a proyectos similares en la misma región. A pesar de que aún no existe "un movimiento internacional de mujeres en salud" ya hemos compartido experiencias e información que supera las fronteras nacionales.

Para comprender la reacción que los temas que nosotras planteamos producen en las mujeres de otros países hemos dependido de contactos personales con mujeres de diferentes procedencias nacionales, culturales, etc. Hasta ahora comenzamos a conocer la variedad de sus puntos de vista, análisis y proyectos de soluciones desde una perspectiva feminista. Al seleccionar los materiales para la Guía hemos tratado de presentar esta diversidad y de enfatizar fundamentalmente el trabajo de mujeres legas en la materia; pensamos que ya existe mucho material escrito sobre salud, en tanto que la voz de la mujer, particularmente aquella que no es experta, no se escucha con frecuencia.

Organizaciones gubernamentales así como no gubernamentales, agencias de las N.U., grupos académicos se comprometen frecuentemente en investigación en salud y en otros programas que necesariamente se refieren a cuestiones de "la mujer y la salud", sin embargo sus proyectos raramente se desarrollan desde la perspectiva de las mujeres y casi nunca involucran mujeres no profesionales en el diseño e implantación de los mismos; la información acerca de la salud de la mujer no se obtiene en forma sistemática en la mayoría de los países; entonces no debe sorprendernos que los programas y la provisión de servicios de salud, en casi todos los países, no se dirijan en forma adecuada a las necesidades de salud de la mujer.

El naciente movimiento internacional de mujeres en salud ha denunciado internacionalmente la ausencia de una perspectiva de la mujer así como de su participación en las decisiones relacionadas con políticas de salud. El movimiento ha comenzado a proveer una plataforma desde la cual más mujeres puedan redefinir los problemas, ofrecer nuevos análisis y una voz importante para el cambio. Muchos de los escritos y actividades anotados en esta Guía, enfatizan repetidamente la necesidad de que la perspectiva de la mujer en salud, sea reconocida y respetada en todo el mundo, al tiempo que refleje una gran variedad de intereses de las mujeres en diversos lugares del mundo.

Pensamos que la relación entre las mujeres y la salud debe mirarse en el contexto más amplio de las condiciones de la mujer en la sociedad en general. La posición de cualquier grupo nacional, cultural a nivel del "desarrollo económico mundial" necesariamente ejerce una influencia sobre la condición de la mujer en ese grupo. Por ello, los principales problemas de salud de las mujeres en países altamente industrializados pueden ser bastante diferentes de los de las mujeres en países en desarrollo. Al mismo tiempo, hay ciertos aspectos de las experiencias que la mujer experimenta dentro de su lugar en el orden social, que tenemos en común, a pesar de que provenimos de diferentes culturas o niveles económicos y sociales.

Como muchos críticos lo han dicho, el desarrollo actual de los programas atenta contra los intereses de salud de la mujer creando por un lado una dependencia económica donde previamente poca o ninguna existía y por el otro lado incrementado el nivel general de pobreza en los países económicamente menos desarrollados. Esta tendencia necesariamente afecta la salud de mujeres y niños.

Hasta ahora, las estrategias empleadas para remediar la espiral ascendente de la pobreza se han concentrado en agresivas políticas de control de población cuyo objeto es la mujer, aumento de la participación masculina en el desarrollo económico y esfuerzos para mejorar el estado de salud de los niños. Todas estas estrategias desconocen el papel fundamental de la mujer como cultivadora y proveedora de alimentos en gran parte del mundo. Cuando el desarrollo dificulta o elimina este papel, la salud de toda la comunidad declina. Por ejemplo, los esfuerzos para mejorar el estado de salud de los niños por medio de suplementos alimenticios que vienen de afuera (importados), dicha suplementación o la intervención médica directa comienzan un ciclo de dependencia para toda la vida de alimentos ofrecidos desde afuera y en la solución por medio de la medicina moderna de Occidente. Tal dependencia se podrá prevenir así como se podrá lograr una mejoría en las condiciones generales de salud de la comunidad únicamente cuando los programas fortalezcan el poder de las mujeres para alimentarse y alimentar a sus familias.

Desafortunadamente, a medida que la medicina moderna Occidental hace parte integral de los programas de "desarrollo", los sistemas tradicionales de creencias y atención son destruidos o perseguidos activamente por las "autoridades médicas". Esto es particularmente irónico si tenemos en cuenta el hecho de que la medicina occidental moderna cada día se hace más sostosa e inaccesible casi en todo el mundo. Las mujeres en particular han sido víctimas de la expansión de las instituciones médicas modernas (ver sección D.2) las cuales han producido una buena cantidad de iatrogenesis*, mistificación de la salud y de los asuntos médicos así como una pasividad dañina, en las mujeres especialmente. Tenemos que tomar en cuenta que al exportar a otras naciones las técnicas médicas del Oeste y su ideología en la cual se basan, traerán consigo el inevitable criticismo y las consecuencias que afectaran particularmente a la mujer.

En todo el mundo las mujeres son mayoría entre los trabajadores de la salud así como las mayores usuarias de los servicios de salud. A pesar de que estos servicios son casi siempre diseñados por hombres profesionales, fundamentalmente médicos, quienes planean y dirigen la prestación de la atención, la implantación es casi siempre llevada a cabo por mujeres. La mujer es también una trabajadora de la salud no pagada en la casa así como la educadora de salud principal en la familia. En resumen, la mujer es, desde muchos puntos de vista, sinónimo de "Salud."

Hasta ahora, ningún país cuenta con mecanismos formales a través de los cuales las mujeres mismas puedan elaborar las políticas y prácticas tan importantes para su salud y las de su familia. Un objetivo fundamental de esta Guía es ayudar a las múltiples iniciativas de las mujeres para lograr el cambio de esta situación.

enfermedad inducida medicamente

COMO HEMOS SELECCIONADO EL CONTENIDO

En 1977 al concebir esta Guía por primera vez, ambos ISIS y The Boston Women's Health Book Collective (la Colectiva del Libro de Salud de las Mujeres de Boston) ya comprendían una documentación extensiva sobre la mujer y la salud, así como contactos con grupos que tratan sobre la salud y el desarrollo de la mujer por todo el mundo. En abril de 1978 circulamos una carta preliminar entre esos contactos solicitándoles materiales y a cada uno, su auto-descripción. Otra carta se envió en enero de 1980 con el fin de incrementar nuestra lista de contactos.

Ha sido imposible, y según nosotros, aún innecesario, hacer una lista agotadora de toda la información recopilada. Al recopilar la información nos planteamos un número de pautas para que nos sirvieran de guía en la selección de los grupos a incluirse, y la cual se realizó de la siguiente forma:

- Nos encontramos en material producido por mujeres o por grupos con enfoques bien delineados en cuanto a la importancia de la mujer dentro del contexto de salud;
- En aquellos casos donde existe una gran cantidad de material e información, (por ejemplo, el tema del aborto) hemos incluido aquellos grupos o centros que según nuestra opinión contienen fuentes de referencia extensa y que son la mejor fuente y la más representativa;
- En aquellos países o regiones donde hay muy poco material relacionado directamente con la mujer y la salud, hemos delineado una lista más general de fuentes de información sobre la mujer, la cual incluye en diversas ocasiones la salud de la mujer (por ejemplo, ciertas organizaciones nacionales de mujeres, periódicos y boletines), o en otros casos, concernientes a la salud en general pero que proveen información útil para la mujer en asuntos de salud;
- Algunas organizaciones y publicaciones, que obviamente no son feministas o orientadas directamente hacia la mujer, se han incluido ya que suministran fuentes de información para la mujer de sumo valor. Ejemplos de tales organizaciones son aquellas involucradas en actividades de control de la población, y que frecuentemente publican informes estadísticos o estudios en temas correlacionados, como digamos, anticonceptivos, leyes sobre el aborto, programas de planificación familiar, etc. Algunos boletines exclusivamente médicos han sido también citados en base a lo mismo;
- En cuanto a grupos, hemos tratado de limitarnos a hacer una lista de solamente aquellos que tienen información escrita disponible y hemos excluido aquellos que ofrecen solamente servicios directos. Lo hemos realizado de esta forma asumiendo que la lista incluida en esta guía dará referencias a personas que escriban sobre los servicios directos y las agencias de referencia en su área de trabajo. Ya que esta es una guía internacional cuyo propósito es dar a conocer y poner a la disposición de muchos, en todos los países y continentes hermanos, creemos que grupos que proveen servicios directos y que no poseen información escrita disponible en cantidades suficientes, tendrán así dificultades en responder a solicitudes. Una vez más queremos decir que grupos de mujeres tienen máxima prioridad, pero que también hemos incluido grupos orientados hacia la mujer.



Science for the People (USA)

Lynn Roberson

L'idée de cette publication a pris naissance au fur et à mesure que nous avons reconnu le manque de publication traitant, à l'échelle internationale, et de "la femme" et de "la santé". A travers une correspondance intensive, et au cours de réunions avec des femmes dans de nombreux pays du monde, nos deux organisations ont été étonnées, d'une part par la grande variété d'initiatives féminines concernant la santé, et d'autre part par un manque de communication certain, même parmi les groupes travaillant sur des projets de même nature, dans la même région. Quoiqu'il n'existe pas encore de "mouvement international pour la santé des femmes" officiel, nous, les femmes, avons commencé à partager nos expériences et nos informations au delà des frontières.

Nous avons compte sur nos contacts personnels, avec des femmes d'origines sociales et géographiques diverses, pour nous aider à comprendre leurs points de vue sur les problèmes que nous abordons ici. Elles nous ont fait réaliser combien les analyses et les solutions, développées à partir de perspectives féminines, sont variées. En choisissant la matière pour ce Guide nous avons essayé de présenter cette diversité et de souligner les travaux des femmes non-professionnelles. Nous avons fait ce choix parce qu'il existe déjà tellement de travaux professionnels au sujet de la santé, tandis que les voix des femmes non-professionnelles sont rarement entendues.

Les organisations non-gouvernementales, les agences des Nations Unies, les groupes universitaires font fréquemment des recherches sur la santé ou établissent même des programmes, qui s'adressent aux questions de la femme et de la santé. Cependant ils poursuivent rarement leurs projets au point de vue des femmes et ils n'ont presque jamais engagé des femmes non-professionnelles dans l'élaboration et l'exécution de ces projets. De plus, l'information sur la santé des femmes n'a pas été rassemblée systématiquement dans la plupart des pays. Il n'est donc pas surprenant que les services et programmes pour la santé n'aient pas su, en général, répondre d'une façon satisfaisante aux besoins féminins.

Le mouvement de la santé de la femme, que va grandissant, a déjà protesté internationalement au sujet de ce manque de perspective et de participation féminine dans les décisions concernant la politique de la santé. Le mouvement a commencé à établir un programme politique, où davantage de femmes peuvent travailler à redéfinir les problèmes, offrir de nouvelles analyses et créer une voix importante en faveur de changement. De nombreux articles et activités mentionnés dans ce Guide, bien qu'exprimant les besoins de toutes sortes de femmes de divers pays, soulignent constamment la nécessité de faire reconnaître et respecter les perspectives féminines dans le monde entier.

Dans l'ensemble, nous croyons que les rapports entre la femme et la santé, doivent être considérés dans le cadre des conditions et du statut de la femme dans la société en général. La situation économique de chaque nation influence aussi la condition des femmes dans ce groupe. Par conséquent, les intérêts des femmes dans les pays industriels peuvent être tout à fait différents des intérêts des femmes dans les pays en voie de développement. Cependant certains aspects de l'expérience des femmes, aussi bien que certains aspects de leur place dans l'ordre social, traversent les données de classe, de culture et de conditions économiques.

Comme beaucoup de critiques l'ont déjà souligné les programmes en cours de développement, s'opposent généralement aux véritables intérêts des femmes, parce qu'ils créent pour elles une dépendance économique, là où une telle dépendance n'existait pas jusqu'alors. Ces programmes rendent encore pire la pauvreté dans les pays les moins développés. Ces tendances diminuent donc la santé et des femmes et des enfants.

Jusqu'à présent les stratégies employées à redresser cette pauvreté ont été fondées sur:
(1) une politique agressive de contrôle de la population s'adressant aux femmes; (2) une

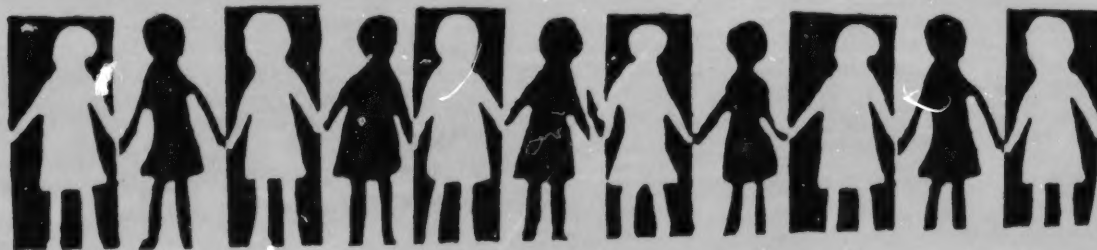
participation accrue des hommes dans le développement économique; (2) des efforts pour améliorer la santé des enfants. Toutes ces stratégies ont ignoré presque totalement la fonction principale de la femme dans bien des régions du monde. En effet c'est elle qui, le plus souvent, cultive la terre et nourrit la famille. Quand le "progrès" entrave ou élimine ce rôle, la santé de toute la communauté en souffre. Par exemple, les efforts dans le but d'améliorer la santé des enfants par l'importation de nourriture supplémentaire et de soins médicaux occidentaux, créent, par la suite, une dépendance permanente de cette nourriture importée et de ce "sauvetage" par la médecine moderne de l'Ouest. Seuls les programmes, qui pourraient renforcer l'aptitude des femmes à se nourrir et à nourrir leurs familles, pourraient empêcher une telle dépendance et améliorer éventuellement la santé de la communauté toute entière.

Malheureusement, pendant que la médecine moderne de l'Ouest devient une partie intégrale des programmes de "développement", les systèmes indigènes de croyances et de soins sont détruits ou persécutés par les "autorités" médicales. Ceci est particulièrement ironique lorsque l'on sait que la médecine moderne elle-même devient partout plus chère et moins accessible à la plupart des gens. Les femmes surtout, souffrent à cause de l'expansion des institutions médicales modernes (voir Section D.2) car ces institutions ont créé, un peu partout, un phénomène de iatrogenesis*, une mystification des sujets importants concernant la santé et la médecine, et une passivité dangereuse parmi les femmes en particulier. Puisque l'idéologie de la médecine occidentale et ses technologies sont de plus en plus exportées dans les pays en voie de développement, il est très important de faire face énergiquement à ces conséquences négatives et trop souvent inevitables, en particulier pour les femmes.

Partout dans le monde, ce sont les femmes qui constituent la plupart des employés médicaux et des personnes qui utilisent les services de santé et de médecine. Bien que les services de soin soient presque toujours conçus et dirigés par des hommes, les médecins, l'exécution en est presque toujours confiée aux femmes. A la maison ce sont encore elles, qui accomplissent la double tâche, non rémunérée, d'infirmière et d'éducatrice de la santé. Il est donc difficile de ne pas associer la notion de "santé" à celle de "femme".

Jusqu'à présent, aucun pays n'a créé un mécanisme officiel, permettant aux femmes d'établir les lignes de conduite et les applications pratiques, qui sont si cruciales pour leur santé et celle de leurs familles. L'un des buts les plus importants de ce Guide, est d'aider les nombreuses initiatives des femmes qui essayent de changer cette situation.

*Maladie causée par la médecine



NOS CRITERES

Lorsque ce Guide fut initialement conçu, en 1977, nos deux organisations ISIS et The Boston Women's Health Book Collective, possédaient déjà une documentation assez substantielle sur la femme et la santé. Nous étions aussi en contact, avec des groupes se préoccupant de la santé de la femme, dans le monde entier. En avril 1978, nous avons envoyé une première lettre à tous nos contacts, réclamant des informations et une auto-description des groupes. Une deuxième lettre fut envoyée en Janvier 1980 à un plus grand nombre de contacts.

Il n'était ni possible, ni d'ailleurs selon nous, souhaitable, d'établir une liste complète de toutes les informations ainsi obtenues. Au cours de notre travail, nous avons fait un certain nombre de choix concernant la sélection, que sont les suivants:

- nous nous sommes surtout intéressées à la matière contribué soit par des femmes, soit par des groupes qui, visiblement, comprennent clairement l'importance des femmes en matière de santé;
- là où une grande quantité de matière existe (par exemple sur l'avortement), nous nous sommes limitées aux ressources qui nous ont paru les meilleures et les plus représentatives, aux centres ou groupes les plus fréquemment mentionnés, ceux aussi qui peuvent servir de sources d'information;
- dans les pays ou régions où nous avons trouvé peu de renseignements concernant directement ou spécifiquement la femme et la santé, nous avons choisi, soit des sources d'information sur la femme, qui parfois incluent la femme et la santé (par exemple certaines organisations nationales féminines, des journaux ou des magazines); soit des sources d'information sur la santé, qui fournissent un fond d'information sur les problèmes relatifs à la femme et la santé;
- certaines organisations ou publications qui clairement ne sont ni féministes ni orientées vers la femme, ont été incluses parce qu'elles fournissent des sources d'informations sur la femme, que sont valables. Par exemple les organisations de population qui publient fréquemment des rapports de statistiques ou de recherches sur, disons, les contraceptifs, les lois sur l'avortement ou les programmes de planning familiaux... Certains journaux strictement médicaux ont été choisis pour les mêmes raisons;
- pour les groupes, nous avons mentionnés uniquement ceux qui possèdent des informations écrites disponibles et nous avons exclus ceux qui offrent seulement des services de soins (ou de santé) directs localement. Nous présumons que les groupes inscrits, seront capables de fournir à leurs correspondants, des informations concernant à la fois les services de soins directs et les agences de recommandations médicales de la région. En effet, puisque le but de ce guide international est de faire connaître et de rendre disponible des renseignements au delà des frontières nationales et continentales, nous avons pensé que les groupes de soins directs locaux qui n'ont pas d'informations imprimées disponibles en quantité, se trouveraient dans l'incapacité de répondre à de telles demandes. Nous avons donné la priorité, une fois de plus, aux groupes de femmes, cependant les groupes qui ont une orientation féminine ont été aussi inclus.

Unser Interesse an diesem Projekt ergab sich allmählich, als wir den Mangel an allgemeinen Publikationen bemerkten, die auf internationaler Ebene die beiden Themenkreise "Frauen" und "Gesundheit" systematisch verbunden hätten. Unsere beiden Organisationen sind durch ausgedehnte Korrespondenz und durch Treffen mit Frauen in vielen Teilen der Welt sowohl von der grossen Vielfalt von Fraueninitiativen im Gesundheitswesen als auch von der Nichtexistenz guter Kommunikationen sogar zwischen Gruppen, die an ähnlichen Themen und Projekten in derselben Gegend arbeiten, beeindruckt worden. Obwohl bisher noch keine "internationale Frauengesundheitsbewegung" gegründet worden ist, haben wir doch schon begonnen, unsere Erfahrungen und Informationen über die Grenzen der Länder hinweg auszutauschen.

Wir haben unsere persönlichen Kontakte mit Frauen andernorts, in ganz verschiedenen sozio-ökonomischen Lagen, benutzt, um uns verstehen zu helfen, wie ihnen die Probleme erscheinen, die wir hier anschneiden. Wir haben begonne, von ihnen zu lernen, wie verschieden die Gesichtspunkte, Analysen und vorgeschlagenen Lösungen sind, die aus der Sicht von Frauen entwickelt worden sind. In der Auswahl von Material für dieses Nachschlagewerk haben wir versucht, diese Vielheit aufzuzeigen und hauptsächlich die Arbeit von Laienfrauen zu betonen. Wir haben dies getan, weil es sowieso schon soviel professionelles schriftliches Material über Gesundheit gibt, während die Stimmen von Frauen, besonders Laienfrauen, so selten zu Gehör kommen.

Privat Organisationen, Stellen der Vereinten Nationen und akademische Gruppen betreiben häufig Gesundheitsforschungen und andere Programme, die unumgänglich "Frauen- und Gesundheitsthemen" behandeln. Jedoch werden diese Projekte selten aus der Perspektive von Frauen durchforscht und fast nie sind nicht-professionelle Frauen in den Aufbau und die Durchführung dieser Projekte einbezogen worden. Daten zur Gesundheit von Frauen sind in den meisten Ländern noch nicht systematisch gesammelt. Daher überrascht es nicht, dass Gesundheitsprogramme und -dienste in fast allen Ländern es bisher verfehlt haben, sich den Bedürfnissen von Frauen adäquat zuzuwenden.

Die wachsende Frauengesundheitsbewegung hat international gegen die Abwesenheit von Perspektiven der Frauen selbst und deren Mitbestimmung in Entscheidungen zur Gesundheitspolitik protestiert. Die Bewegung hat begonnen, ein Forum zu bieten, in dem mehr Frauen die Probleme neu definieren, neue Analysen bieten und hoffentlich eine bedeutsame Stimme für Veränderungen abgeben können. Viele der Artikel und Aktionen, die in diesem Werk aufgeführt werden, betonen trotz der Breite der Streuung von Interessen der Frauen in verschiedenen Ländern doch die weltweit gemeinsame Notwendigkeit, dass die Perspektiven von Frauen anerkannt und respektiert werden müssen.

Im Allgemeinen stimmen wir darin überein, dass die Beziehung zwischen Frauen und Gesundheit in dem grosseren Zusammenhang der Lage und dem Status der Frauen in der Gesellschaft insgesamt gesehen werden muss. Dazu kommt, dass die Position jeder kulturellen oder nationalen Volksgruppe in der Wertskala der "weltökonomischen Entwicklung" unvermeidlich die Lage der Frauen in jener Gruppe beeinflussen muss. Daher mögen die Hauptgesundheitsinteressen von Frauen in hochindustrialisierten Ländern ganz verschieden sein von jenen der Frauen in Entwicklungslandern. Gleichzeitig überschneiden jedoch gewisse Aspekte der Erfahrungen von Frauen und ihr Platz im gesellschaftlichen System alle kulturellen, ökonomischen und manchmal sogar Klassentrennungslinien.

Wie viele Kritiker schon festgestellt haben, arbeiten die jetzigen Entwicklungsprogramme gewöhnlich gegen die besten Interessen und die Gesundheit von Frauen, indem sie dort eine ökonomische Abhängigkeit schaffen, wo vorher eine nur geringe oder gar keine existierte, und indem sie das Gesamtniveau an Armut in den am wenigsten entwickelten

Landern heraufstreben. Diese Trends unterminieren notwendigerweise die Gesundheit sowohl der Frauen wie auch ihrer Kinder.

Bisher haben sich die Strategien, die eingesetzt wurden, um diese Spirale steigender Armut umzukehren, auf eine an die Frauen gerichtete aggressive Bevölkerungskontrolle, grossere Mitbeteiligung der Männer an der ökonomischen Entwicklung und Bemühungen, den Gesundheitszustand für die Kinder zu verbessern, konzentriert. All diese Strategien haben zum grossen Teil die grundlegende Rolle der Frauen als primärer Nahrungsanbauer und -hersteller in grossen Teilen der Welt ignoriert. Wenn "Entwicklungspolitik" diese Rolle behindert oder eliminiert, verschlechtert sich die Gesundheit der ganzen Gemeinschaft. Zum Beispiel beginnt mit Bemühungen, den Gesundheitsstandard der Kinder durch importierte Nahrungszugaben oder direkte medizinische Intervention zu verbessern, häufig ein lebenslanger Zyklus der Abhängigkeit von importierten Nahrungsmitteln und modernen westlichen medizinischen "Rettungsmitteln". Nur Programme, die die Kraft der Frauen stärken, sich selbst und ihre Familien zu ernähren, könnten eine solche Abhängigkeit verhindern und im Endeffekt die gesamte Gesundheitslage ihrer Gesellschaften verbessern.

Indem die moderne westliche Medizin ein integraler Teil von Entwicklungsprogrammen wird, werden leider eingesessene Überzeugungs- und Versorgungssysteme zerstört oder sogar von den medizinischen "Autoritäten" schlecht gemacht. Dies ist besonders ironisch, weil die moderne Medizin selbst immer teurer und daher für Menschen fast überall immer unerlangbarer wird. Frauen insbesondere haben durch die Verbreitung von modernen medizinischen Institutionen gelitten (siehe Kapitel D.2), welche zu weitverbreiteter Iatrogenese*, Mystifizierung kritischer Gesundheits- und medizinischer Themen und einer gefährlichen Passivität insbesondere unter Frauen geführt hat. Da westliche medizinische Technologie und die Ideologie, auf der sie basiert, in immer weitere Länder exportiert werden, ist es besonders für Frauen wichtig, diese negativen und oft unvermeidbaren Konsequenzen kritisch zu konfrontieren.

In der ganzen Welt sind Frauen die Mehrzahl an Arbeitern im Gesundheitswesen und die Hauptbenutzer der Gesundheits- und medizinischen Systeme. Obwohl diese Systeme fast immer von männlichen Professionellen, vor allem Ärzten, die die Pflegevorkehrungen planen und überwachen, entworfen sind, wird die Durchführung doch fast immer von weiblichen Arbeitern getragen. Frauen sind auch die unbezahlten Krankenpflegerinnen zu Hause so wie die Hauptgesundheitserzieher ihrer Familien. Zusammengefasst sind Frauen auf vielerlei Art gleichzusetzen mit "Gesundheit".

Bisher gibt es in keinem Land die formellen Mechanismen, durch die die Frauen selbst die theoretischen Voraussetzungen und die Praktiken entwickeln können, die für ihre eigene Gesundheit sowie die ihrer Familien so kritisch sind. Ein Hauptzweck dieses Werks ist es, den vielen Fraueninitiativen beizustehen, die versuchen, diese Lage zu verändern.

*medizinisch verursachte Krankheit

Im Jahre 1977, als wir zuerst die Idee für diesen Führer hatten, hatten sowohl ISIS als auch das Bostoner Frauen Gesundheitskollektiv schon ziemlich weitläufige Dokumente über Frauen und Gesundheit und Kontakt mit Frauengesundheits- und Entwicklungsgruppen in aller Welt. Im April 1978 schickten wir einen vorläufigen Rundbrief an unsere Kontaktpersonen und baten sie um Materialien und Selbstbeschreibungen der Gruppen. Ein weiterer Rundbrief wurde im Januar 1980 an eine erweiterte Liste von Kontakten geschickt.

Es ist nicht möglich und - unserer Meinung nach - auch nicht wünschenswert gewesen, eine erschöpfende Liste all der Informationen aufzustellen, die wir auf diese Weise sammelten. Im Arbeitsprozess trafen wir eine Anzahl von Entscheidungen für die folgenden Auswahlkriterien:

- Wir haben uns auf von Frauen produziertes Material konzentriert oder solches von Gruppen, die eine klare Sicht der Wichtigkeit von Frauen auf dem Gebiet der Gesundheit haben;
- Wo es eine Unmenge von Materialien gab (z.B. über Abtreibung), haben wir diejenigen Quellen aufgenommen, die uns am besten und repräsentativsten erschienen, wobei wir häufig diejenigen Gruppen und Zentren aufgeführt haben, welche die Mittel zu weiterer Informationen haben;
- In Ländern oder Gebieten, in denen wir wenig Material fanden, das direkt oder spezifisch Frauen oder Gesundheit behandelte, haben wir allgemeinere Informationsquellen über Frauen aufgeführt, die manchmal das Thema Frauen und Gesundheit mit einschliessen (z.B. bestimmte nationale Frauenorganisationen, Zeitungen und Journale) oder Quellen über Gesundheit im Allgemeinen die nützliches Hintergrundmaterial über Frauen und Gesundheitsthemen boten;
- Einige Organisationen und Publikationen, die offensichtlich nicht feministisch oder auf Frauen ausgerichtet sind, wurden eingeschlossen, weil sie wertvolle Informationsquellen für Frauen bieten. Beispiele für solche Organisationen sind solche, die sich mit Bevölkerungskontrollaktivitäten beschäftigen, welche häufig statistische oder Forschungsberichte z.B. über Geburtenkontrolle, Abtreibungsgesetze, Familienplanungsprogramme u.s.w. publizieren. Einige rein medizinische Zeitschriften sind aus demselben Grund zitiert worden;
- Bei Gruppen haben wir uns auf diejenigen beschränkt, die schriftliches Informationsmaterial bereit haben, und haben diejenigen ausgeschlossen, die nur direkte Dienste am Ort leisten. Wir nehmen an, dass die aufgeführten Gruppen jemanden, der an sie schreibt, an direkte Dienste und Vermittlungsstellen in ihrer eigenen Gegend verweisen können. Da es sich um einen internationalen Führer handelt, dessen Zweck es ist, Hilfsmittel über die Grenzen von Ländern und Kontinenten hinweg bekannt und erreichbar zu machen, glaubten wir, dass direkte Dienstleistungsgruppen, die kein gedrucktes Informationsmaterial in grossen Quantitäten haben, es schwierig finden würden, die Anfragen zu beantworten, falls sie angeschrieben wurden, die Anfragen zu beantworten, falls sie angeschrieben wurden. Nochmals: Frauengruppen haben Priorität, aber Gruppen, die auf Frauen ausgerichtet sind, sind ebenfalls eingeschlossen.



Il nostro interesse in questo progetto è maturato dalla consapevolezza dell'assenza di pubblicazioni che collegassero con sistematicità, su scala internazionale, il problema "donne" e il problema "salute". Entrambe le nostre organizzazioni, attraverso intensa corrispondenza ed incontri con donne di diversi paesi del mondo, hanno trovato particolarmente interessante il coesistere di numerose e varie iniziative di donne nel campo della salute pubblica con l'assenza di scambio di informazioni tra gruppi e collettivi impegnati nella discussione e realizzazione di progetti; spesso questa assenza di contatti si verifica tra gruppi impegnati nella medesima regione. Anche se non esiste ancora un Movimento Internazionale per la Salute della Donna ufficialmente riconosciuto abbiamo già cominciato a dividere esperienze ed informazioni al di là dei confini nazionali.

L'incontro con donne di altri paesi e di diversa provenienza sociale ci ha aiutato a capire in che modo i problemi che noi poniamo appaiono alle altre donne. Abbiamo cominciato così a renderci conto della molteplicità di analisi della varietà di possibili soluzioni elaborate dal punto di vista della donna. Nel selezionare materiali per questa Guida abbiamo cercato di rendere esplicita questa molteplicità di orientamenti ed idee e porre in primo piano il lavoro di donne non professioniste. Questa scelta è stata motivata dal fatto che pur esistendo un'enorme quantità di pubblicazioni specializzate sul problema della salute (ed in particolare della salute della donna) gli interventi ed il contributo di donne (e in particolare donne non professioniste) è estremamente limitato.

Organizzazioni non governative, Agenzie legate all'ONU e gruppi di ricerca nelle Università spesso intraprendono ricerche su problemi che sono inevitabilmente legati al dibattito "Donne e Salute". Raramente i problemi vengono analizzati dal punto di vista della donna e quasi mai donne non professioniste partecipano al lavoro di progettazione e tanto meno alla realizzazione di iniziative. Il materiale di ricerca sulla salute della donna in molti paesi è stato raccolto con scarsa sistematicità. Non ci sorprende perciò il fatto che in molti paesi iniziative per il miglioramento della salute pubblica non siano arrivate al punto di soddisfare adeguatamente i bisogni delle donne.

Il movimento per la Salute della Donna ha denunciato l'assenza, a livello internazionale, di una prospettiva femminista nelle decisioni su problemi riguardanti la salute della donna. Il Movimento per la salute della donna ha elaborato un programma di base nel quale le donne possano ridefinire problemi e proporre nuovi metodi di analisi e diventare una voce determinante nel rinnovamento. La maggior parte dei saggi e iniziative in questa guida rappresentano la varietà di interessi e iniziative in diversi paesi e ripropongono la necessità di una prospettiva della donna riconosciuta come fondamentale nelle analisi e nelle proposte per la soluzione dei problemi della donna.

Noi siamo convinte che l'analisi del rapporto donna e salute deve necessariamente tener conto non solo della condizione generale della donna nella società ma anche della specifica provenienza di classe. Inoltre bisogna tener presente che la condizione delle donne appartenenti a popolazioni in via di sviluppo economico è influenzata e determinata dalle condizioni nazionali, economiche e culturali del paese o gruppo etnico cui appartengono. Per esempio: i problemi delle donne in una società industrializzata sono diversi dai problemi delle donne nei paesi del Terzo Mondo. Ma allo stesso tempo è possibile affermare che diversi aspetti dell'esperienza della donna possono essere comuni a donne di diversa condizione economica e culturale e di diversa provenienza di classe.

Diversi critici hanno dimostrato come molti programmi di sviluppo spesso vanno contro i fondamentali interessi della donna e contro la salute stessa poiché crea o una

dipendenza economica delle donne del tutto nuova in determinate società e determinano un aumento della povertà nei paesi meno sviluppati economicamente. Il risultato ottenuto da tali programmi di sviluppo è quello di minare la salute delle donne e dei loro figli.

Fino ad oggi le strategie usate per contenere l'inarrestabile aumento della povertà sono state quelle dettate da una politica demografica spesso violenta ed aggressiva in particolare contro le donne, e di un incremento della partecipazione maschile nella progettazione dei programmi di sviluppo economico inteso a migliorare lo stato di salute della popolazione infantile. Tali strategie in larga parte hanno ignorato la funzione fondamentale della donna come coltivatrice e fornitrici di alimenti in vaste aree del mondo. Quando lo sviluppo impedisce o elimina tale funzione la salute dell'intera comunità declina. Per esempio, sforzi orientati a migliorare le condizioni di salute della popolazione infantile attraverso l'integrazione di alimenti importati dall'esterno o attraverso diretto intervento medico, spesso rappresenta soltanto l'inizio di un pernicioso ciclo di dipendenza della società subalterne dalle importazioni di alimenti dall'esterno o da "salvataggi" operati dalla moderna medicina del mondo occidentale. Soltanto programmi intesi a rinforzare la capacità delle donne a provvedere per il sostentamento delle loro famiglie e di se stesse possono evitare il crearsi di tale dipendenza, e alla fine migliorare la condizione generale di salute delle loro comunità.

Sfortunatamente essendo la moderna medicina occidentale parte integrante dei programmi di sviluppo, i metodi di cura indigeni, spesso legati al culto vengono distrutti o drasticamente proibiti dalle "autorità" mediche. La proibizione di metodi di cura alternativi oltre ad essere dannosa per le società che li praticano è ironica visto che la moderna medicina diventa sempre più costosa e sempre meno accessibile alle popolazioni di ogni paese. Le donne in particolare sono vittime dell'espandersi delle moderne istituzioni mediche (vedi Parte D.2) che hanno determinato diffusa "iatrogenesi",* - immaginarie condizioni critiche di salute e problemi medici e una pericolosa passività in particolare tra le donne. Poiché le tecnologie della medicina occidentale e l'ideologia sulla quale queste sono fondate, vengono esportate sempre più frequentemente in diversi paesi, è importante affrontare criticamente le conseguenze negative e spesso inevitabile particolarmente per le donne.

Dappertutto nel mondo le donne rappresentano la maggioranza dei lavoratori nel settore sanitario, Sebbene i servizi sanitari siano quasi sempre creati da professionisti maschi, soprattutto medici, che progettano e dirigono il corso delle terapie mediche, di fatto la realizzazione di tali terapie è portata a compimento e condotta da lavoratrici donne. Donne sono infine le lavoratrici per la salute nelle famiglie, madre non retribuite/ donne sono le educatrici - non-retribuite - alla salute nelle loro famiglie. In breve dire Donna spesso coincide col dire Salute.

Fino ad oggi, nessun paese ha meccanismi formali attraverso i quali le donne possono creare de se stesse metodi e pratiche cruciali per le loro salute e per quelle delle loro famiglie. Scopo fondamentale di questa Guida è quello di assistere le tanti iniziative delle donne intese a cambiare questa situazione.

*malattie causate dalle medicine stesse

COME ABBIAMO FATTO LE NOSTRE SELEZIONE

Nel 1977 quando questa Guida fu prima concepita, il ISIS e The Boston Women's Health Book Collective avevano già abbastanza documenti estensivi su donne, e la loro salute e contatti con gruppi di salute e sviluppo di donne di tutto il mondo. Nel aprile 1978 abbiamo spedito ai nostri contatti una lettera preliminare, chiedendo materiale ed una discrezione del loro gruppo. Nel gennaio 1980 abbiamo spedito una lettera addizionale ad una lista di contatti esteri.

Non è stato possibile, o si credeva, desiderabile di fare un elenco esaurito d'informazione così raccolta. In fine, questi sono le nostre selezioni:

- abbiamo concentrato su materiale contribuito da donne, o da gruppi che hanno una prospettiva chiara su l'importanza delle donne sulla materia a riguardo la salute;
- dove si trova una quantità di materiale (per esempio, su l'aborto), abbiamo scelto quelli che si credeva di essere i migliori e più rappresentativi, indicando i gruppi o i centri che offrano delle risorse estensive e per riferimento più altre;
- nei paesi o area, dove si trova poco materiale trattandosi specificamente da donne e la salute, abbiamo nominato le fonti d'informazione più generale (per esempio, certe organizzazioni nazionale da donne, giornali o riviste) che provvedano informazione utile alle donne sulla salute in generale;
- alcune organizzazioni e pubblicazioni, non chiaramente femministe o orientate alle donne, sono stati incisi perchè provvedano fonti d'informazione di valore alle donne. L'esempio sono quelle organizzazioni implicate nella pubblicazione di attività popolazione controllate o ricerca, per esempio contraccezione, la legge a riguardo l'aborto, controllo della fecondità. Certe riviste di medicina sono anche state nominate;
- a riguardo i gruppi; abbiamo nominate solamente quelle che offrano informazione scritte ed abbiamo escluso quelle che offrano solamente servizi diretto. Si assume che i gruppi nominati possono riferire a la gente che scrive ai servizi diretti ed agenzie nella loro area. Poichè questa sia una Guida Internazionale di cui lo scopo è di fornire risorse e farle disponibile in tutto il paese e confine continentale, abbiamo pensato che per un servizio diretto non possedendo in quantità informazione stampata, troverebbero difficile a compiacere se sono sollecitate. Dunque, i gruppi femminili avranno priorità, ma quei gruppi orientati alle donne saranno anche inclusi.



Our interest in this project began gradually, as we recognized the lack of general publications which systematically linked, internationally, the two issues, "women" and "health." Both of our organizations, through extensive correspondence and through meetings with women in many different parts of the world, have been impressed with both the great variety of women's initiatives in health as well as the absence of good communication even among groups working on similar issues and projects in the same region. Though there is not yet an established "international women's health movement," already we have begun to share our experiences and information across country borders.

We have depended on our personal contacts with women elsewhere, from a variety of backgrounds, for help in understanding how the issues we raise here appear to them. We have begun to learn from them just how varied are the viewpoints, analyses, and proposed solutions developed from women's perspectives. In selecting materials for this Guide, we have tried to present this diversity and to emphasize primarily the work of lay women. We have done this because there exists already so much professional material written about health, while the voices of women, especially lay women, are so rarely heard.

Non-governmental organizations, United Nations agencies, and academic groups frequently engage in health research and other programs which inevitably address "women and health" issues. However, they rarely pursue projects from women's perspectives and almost never have involved non-professional women in the design and implementation of these projects. Data about the health of women has not been collected systematically in most countries. Not surprisingly, health programs and services in almost all countries have failed to address women's needs adequately.

The rising women's health movement has protested internationally this absence of women's perspectives and participation in health policy decisions. The movement has begun to provide a platform where more women can redefine the problems, offer new analyses, and hopefully become a significant voice for change. Many of the papers and activities listed in this Guide, while reflecting a wide range of women's concerns in different countries, repeatedly emphasize this need for women's perspectives to be acknowledged and respected worldwide.

In general, we believe that the relation between women and health must be seen in the broader context of women's condition and status in society generally. Also, the position of any cultural or national group of people in the scale of "world economic development" will inevitably influence the condition of women in that group. Thus, the major health concerns of women in highly industrialized countries may be quite different from those of women in developing countries. At the same time, certain aspects of women's experiences and place in the social order cut across cultural, economic, and sometimes even class lines.

As many critics have already stated, current development programs usually work against the best interests and health of women by creating an economic dependency of women where little or none existed before, and by increasing the overall level of poverty in the least economically developed countries. These trends necessarily undermine the health of both women and their children.

Thus far, the strategies employed to redress this spiral of accelerating poverty have focused on aggressive population control directed at women, enhanced participation by males in economic development and efforts to improve the health status of children. All of these strategies largely have ignored the basic role of women as primary food growers and providers in large sections of the world. When "development" hinders or eliminates this role, the health of the whole community declines. For example, efforts

to improve the health status of children through outside (imported) food supplementation or direct medical intervention frequently begin a lifelong cycle of dependency on externally supplied food and modern Western medical "rescues." Only programs which will strengthen the power of women to feed themselves and their families could prevent such dependency and ultimately improve the overall health of their communities.

Unfortunately, as modern, Western-based medicine becomes an integral part of "development" programs, indigenous systems of belief and care are destroyed or actively persecuted by medical "authorities." This is especially ironic, since modern medicine itself is becoming only more costly and less accessible to people almost everywhere. Women, especially, have suffered from the expansion of modern medical institutions (see section D.2), which have created widespread iatrogenesis,* mystification of critical health and medical matters, and a dangerous passivity among women in particular. As Western medical technologies and the ideology on which they are based are exported to more and more countries, it is important to address critically these negative and often inevitable consequences, particularly for women.

Throughout the world, women are the majority of health workers and the major users of health and medical systems. Though these systems are almost always designed by male professionals, primarily physicians, who plan and direct the care-giving arrangements, implementation is virtually always carried out by women workers. Women are also the unpaid health workers in the home as well as the main health educators of their families. In summary, women are in many ways synonymous with "health."

So far, no country has formal mechanisms through which women themselves can create the policies and practices so critical to the health of themselves and their families. A major purpose of this Guide is to assist the many women's initiatives attempting to change this situation.

*Medically induced illness

HOW WE MADE OUR SELECTIONS

In 1977 when this Guide was first conceived, both ISIS and the Boston Women's Health Book Collective already had fairly extensive documentation on women and health, and contacts with women's health and development groups around the world. We sent out a preliminary letter to our contacts in April 1978, asking for materials and self-descriptions of groups. An additional letter was sent in January 1980 to an expanded list of contacts.

It has not been possible or, we felt, desirable, to make an exhaustive listing of all the information thus gathered. As we worked, we made a number of choices for selection as follows:

- we have concentrated on material produced by women, or by groups who have a clear perspective about the importance of women in the area of health;
- Where there is a mass of materials (e.g. on abortion), we have included what we felt to be the best and most representative resources, frequently listing groups or centers which have extensive resources for further reference;
- In countries or areas where we found little material dealing directly or specifically with women and health, we have listed more general sources of information on women which sometimes include women and health (e.g. certain national women's

organisations, newspapers or periodicals); or on health generally, which provide useful background to women and health issues;

- Some organisations and publications which are clearly not feminist or women-oriented have been included because they provide valuable sources of information to women. Examples of such organisations are those involved in population control activities, who frequently publish statistical or research reports on, say contraceptives, abortion laws, family planning programmes, etc. Some strictly medical journals have also been cited on the same grounds;
- For groups, we have been concentrated on listing only those which have written information available and have excluded those which offer only direct services. We assume that the groups listed will be able to refer those who write to direct services and referral agencies in their area. Since this is an international guide whose purpose is to make resources known and available across country and continental boundaries, we felt that direct service groups which do not have printed information available in quantity would find it difficult to respond to such requests if solicited. Again, women's groups have top priority, but women-oriented groups are also included.



Lynn Roberson

B

NUESTRA SALUD
NOTRE SANTE
UNSERE GESUNDHEIT
LA NOSTRA SALUTE
OUR HEALTH

NUESTRA SALUD
NOTRE SANTE
UNSERE GESUNDHEIT
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EL CUERPO, LA MEDICINA, LOS MEDICOS, EL PATRIARCADO, Y NOSOTRAS.

Si nuestros hombres se quedaron con nuestra identidad y sexualidad, el sistema médico se quedó con el resto. ¿Por qué?

El sistema médico es el guardián de la tecnología que controla nuestra posibilidad de reproducción, o sea, como vivimos antes, la causa fundamental por la que se origina la división del trabajo — el sexismo. La ciencia médica ha sido uno de los instrumentos más poderosos de la ideología patriarcal en esta cultura, puesto que ha justificado la discriminación sexual en todos los niveles, basándose en la única cosa que ostensiblemente diferencia a hombres y mujeres: el cuerpo. Las teorías de la superioridad masculina se apoyan, obviamente, en la biología.

La medicina ha conseguido un poder solamente comparable al poder divino de la iglesia, moviéndose a caballo entre la biología y la política social. La ciencia ha hecho interpretaciones de la teoría biológica y ha conseguido otorgar la justificación que los hombres estaban buscando, como lo hicieron también con el racismo y el nazismo.

La medicina no inventó el sexismo, claro, pero nunca se ha negado a sostenerlo. Si la explotación hace a algunos hombres ricos y poderosos, la ciencia se encarga de justificar su poder. Las diferencias sexuales, raciales y de clase no son para ellos un horror. Son, simplemente "naturales".

La Medicina, tal como está montada, es una fuerza social que ayuda a conformar los roles sociales de todas las mujeres, de cualquier clase social.

A través de la ciencia también nos dominan. Y los médicos nos han convencido de que somos todo ovarios para convencernos de que somos nada cerebro. De que estamos siempre enfermas para que no podamos asumir puestos de responsabilidad y poder en la sociedad. Y, en último caso, están tratando de manipular nuestro intento de liberación de las funciones reproductivas haciéndose aparecer como nuestros aliados indispensables, (nótese que tanto el control de los métodos anticonceptivos más eficaces que hasta ahora existen como el aborto se regulan de manera que son una decisión a tomar "entre la mujer y su médico").

Nos han hecho creer que nuestro cuerpo es sucio, que nuestras funciones naturales son anormales, que siempre estamos "enfermas". Pero ¿Cuándo estamos las mujeres enfermas? ¿No es algo que deberíamos analizar cuidadosamente? Se cataloga como enfermedad — y Frantz Fanon explica esto muy bien refiriéndose a los argelinos — a la resistencia y rebelión ante un sistema establecido. Por algo las mujeres de clases altas se pasaban la vida "enfermas" literalmente presas de la cama para que no hicieran o pretendieran hacer algo distinto con sus vidas. Y por otro lado estaban las otras, las de clase baja, a las que no se les suponía la necesidad de descansar ante el parto, la hemorragia, la menstruación o la menopausia. Es real que si te pasas la vida en la cama puedes llegar a volverte muy histérica. Como también es cierto que si no te cuidas después de un parto te puedes morir. El concepto de enfermedad es un concepto social,



España: Dones en Luita

elaborado y justificado a la conveniencia del poder dominante. Esto nos lleva al cuestionamiento de cuánto necesitamos realmente a los médicos. Seguramente mucho menos de lo que creemos. Nosotras nunca hemos opinado ni investigado al respecto. Estudiar esto es una de nuestras tareas más urgentes. (Lee más adelante lo referido al self-help). Ellos han dictado las normas, han escrito los libros, han marcado las pautas de lo que está bien y lo que está mal.

Lo han hecho en todos los órdenes, desde los religiosos hasta los morales, los legales y los médicos. Sólo de esta manera se comprende que en 1977 las menstruaciones sigan siendo un problema para la mitad de las mujeres del planeta; esto explica que la menopausia sea aún un trauma y una amenaza en nuestra vida; esto explica que aún no haya ningún anticonceptivo eficaz y sin riesgos secundarios para mujeres. Esto explica que tengamos que parir con monitores y anestésicos y que se traten nuestras funciones naturales como enfermedades, (menstruación, embarazo, parto, menopausia).

Esto explica muchas, muchísimas cosas. Desde luego, la medicina no es el único resorte institucionalizado del sexismo en esta sociedad, pero las feministas debemos luchar contra ella como fuente de ideología sexista. Dependemos de la tecnología médica para conseguir algunas de las libertades elementales para funcionar plenamente — anticonceptivos, abortos, antibióticos, cirugía — lo que nos hace más vulnerables a ser víctimas del sistema médico que a otros. Aún tenemos que aceptar ser tachadas de enfermas, tontas, histéricas o anormales para conseguir las libertades que ofrece la tecnología. Desde luego, lo que nosotras necesitamos de este sistema médico no vale ese precio. Tenemos que destruirlo. Necesitamos un nuevo concepto que obviamente incluya la calidad de servicios para todas, pero que la lleve mucho más lejos. Y eso es lo que pretende el "Self-help".

--from Cuaderno Feminista: Introducción al Self-Help Leonor Taboada

LA LIBERTE, C'EST CONTAGIEUX!

Extrait de "Avortement: Les Femmes Décident"

Edité par le Comité National "Dépénalisation de l'avortement", Vandamme leen, Rue Roffiaen, 8, 1050 Bruxelles. Avril, 1977.

Les femmes qui participent à la campagne pour la dépénalisation de l'avortement sont de milieu et d'âge différents et vivent aussi très différemment leur condition de femme.

Cependant, nous sommes toutes décidées à parler de cette affaire qui est la notre, décidées à combattre et à rejeter une loi hypocrite et malsaine. Décidées à combattre pour une contraception féminine et masculine libre et gratuite. Décidées à combattre pour la lutte des femmes dans notre milieu, parmi nos amis, sur notre lieu de travail.

L'élaboration d'une nouvelle loi ne peut plus être retardée. Mais quelle loi? Nous ne voulons pas d'une "solution" à la française.

Toutes les femmes n'auraient-elles pas le droit de faire entendre leur voix? C'est nous qui avortons, c'est nous qui portons les enfants, qui accouchons, qui les soignons, qui les éduquons. Nous pouvons difficilement nous soustraire à ce travail, et il nous est d'autant plus lourd que les revenus de la famille sont modestes. Les femmes des classes sociales les plus défavorisées sont celles qui ont le plus d'enfants. Ce n'est pas un hasard. Elles bénéficient le moins des actions des centres de plannings familiaux. Ce n'est pas non plus un hasard. Elles ont le moins accès à l'information à la contraception. Serait-ce un hasard?

On nous avance des arguments démographiques comme le maintien de taux des naissances et de la population active du pays. D'abord, rien ne prouve qu'une politique des autorités en matière démographique puisse influencer la courbe de population. Si les gens ne veulent pas d'enfants, ils ont recours à l'avortement. Le nombre d'enfants n'augmentera pas, mais bien celui des avortements clandestins.

Et puis, NOUS NE SOMMES PAS DES PONDEUSES DE TRAVAILLEURS!

La femme dans notre société doit avant tout être mère. Elle met au monde, éduque, entretient, nourrit les enfants, futurs travailleurs. Et tout cela gratuitement. Pour le même tarif, elle mitonne des petits plats, lave le linge, astique la maison, offre plein d'amour et d'affection à sa famille. Elle donne ainsi au travailleur la force de rependre chaque jour son boulot sans trop de révolte...au plus grand profit des patrons. Parfois ce rôle est son unique raison sociale (du moins, elle le croit). Parfois elle travaille aussi à l'extérieur (dans des emplois sous-payés), et vit alors une double exploitation.

C'est au prix de son indépendance que la femme fournit ce travail. L'éducation, la morale, la religion, consolident ce rôle. Oui une femme doit être une mère parfaite, une épouse fidèle. Non, une femme sans enfant n'est pas tout à fait une femme. Une femme sans mari est appelée "vieille fille" (vierge ou frigide, bien entendu). MERE, EPOUSE, PUCELLE. Voilà les modèles qui sont proposés à la femme. Ne pouvons nous donc pas être tout simplement femmes?

La lutte pour l'avortement libre et gratuit est un premier pas dans le combat que nous menons contre cette double exploitation de travailleuse et de mère de famille. Nous voulons, grâce à l'avortement et la contraception, pouvoir mettre des enfants au monde

quand nous le désirons et autant que nous voulons, d'après nos possibilités matérielles, nos choix sur ce que nous voulons faire de notre vie, nos desirs ... Ce premier choix influence toute l'organisation de notre vie.

Et puis, la contraception et l'avortement libres nous donnent la possibilité de prendre en main notre sexualité, de prendre conscience de notre dépendance vis à vis de l'homme, qui coïncé lui aussi, reproduit, souvent malgré lui, les rapports de domination qui ont cours dans la société, d'acquiescer petit à petit notre autonomie. Une autonomie qui risque d'être contagieuse. En effet, se sentir libre dans son corps, est-ce que ça ne donne pas envie de se sentir libre partout? En général, à cause de l'éducation que nous avons reçue, nous ne savons même plus vraiment que nous pouvons décider, que c'est possible. Le découvrir, c'est contester le pouvoir du médecin, de l'avocat, du juge, de l'assistant social, du législateur...et, pourquoi pas, d'un gouvernement. Le découvrir, c'est aussi mettre en question les conditions de travail que l'on subit, l'absence de loisirs, les cadences, la vie déchiquetée, et revendiquer plus que des augmentations de salaires.

Notre lutte pour la dépénalisation de l'avortement va au delà de la légalisation d'un état de fait. C'est un premier pas vers notre autonomie. C'est une étape indispensable qui nous permettra de prendre conscience de notre droit à décider dans tous les domaines, bien plus loin que le contrôle de la reproduction, de décider de notre sexualité.

Il serait habile pour l'Etat d'instaurer la liberté d'avorter (sous certaines conditions), de créer un service social de plus. Mais cela ne changerait pas grand chose à l'oppression des femmes. C'est pourquoi nous revendiquons LA FEMME DECIDE et nous continuerons à lutter pour que la loi éventuelle soit effectivement appliquée, pour que cette victoire ne soit pas isolée mais se relie à toutes les autres revendications des femmes pour une société où la femme pourra décider vraiment.



Bedeutung der Selbsthilfe

Selbsthilfe (SH) geht aus vom Erkennen der eigenen Person. Für Frauen heißt das: wir lernen den eigenen Körper kennen und unsere gesellschaftliche Rolle, die eng mit unserer Körperlichkeit verknüpft ist. Frauen haben in unserer Gesellschaft viel weniger als Männer die Möglichkeit, ihren Körper zu erfahren. Nicht nur aus anatomischen Gründen wird dem Penis des Jungen weitaus mehr Beachtung geschenkt als der Klitoris des Mädchens. Viele Frauen haben in ihrer Kindheit nie onaniert, haben ihre Vagina und Klitoris nie mit dem Spiegel betrachtet. Durch die SH wird uns unser Körper vertrauter und bewußter, unsere tabuisierte und oft vorenthaltene Sexualität wird uns klarer.

In der SH-Gruppe lernen wir durch die Kommunikation mit anderen Frauen, indem wir uns über unsere Körper und unsere Rolle in dieser Gesellschaft austauschen. Jede geht von ihrer persönlichen Erfahrung aus und vermittelt sie den anderen. Diese Ebene ist ehrlicher, als theoretische Ansprüche aufzustellen, die dann verallgemeinert werden. Die Unterschiede und Gemeinsamkeiten zwischen den einzelnen Frauen werden dadurch klarer. Für diese Vermittlung ist eine gleichberechtigte Kommunikation zwischen allen Frauen aus der Gruppe, also auch zwischen den Gruppenleiterinnen und den Teilnehmerinnen, notwendig. Jede Frau soll sich so einbringen können, wie sie es will. Hat eine Frau aus einer Gruppe bereits ein besseres Verhältnis zu ihrem Körper, dann kann sie das auf dieser gleichberechtigten Basis den anderen Frauen viel besser vermitteln, ohne in eine Autoritätsposition zu geraten. Voraussetzung dafür ist das Gefühl, daß sich alle Frauen einer Gruppe gegenseitig akzeptieren. Dadurch lernen wir auch, uns selbst wieder wichtiger zu nehmen. Gerade uns Frauen wird von Kindheit an eine Fixierung an Autoritäten anezogen. Wir haben uns immer an Personen orientiert, die „höher“ standen als wir. Durch die Erfahrung, daß Lernen auch gleichberechtigt – ohne Idealisierung – möglich ist, trauen wir uns selbst mehr zu. Unser Selbstbewußtsein steigt.

Das Erfahren des eigenen Körpers ist für Frauen eine wesentliche Grundlage ihrer Autonomie, denn gerade an den körperlichen Bereich sind die entscheidenden Unterdrückungsmomente geknüpft: die Bedeutung der Gebärfähigkeit für unser Schicksal und die Funktion der herrschenden Sexualität als Machtinstrument wird uns deutlicher. Wir erkennen, daß die uns zugebilligte Sexualität männlich orientiert ist und unsere eigenen Bedürfnisse nicht befriedigt. Penetration gibt es normal! Frau kann nur entscheiden, ob sie verpenetrieren will oder nicht. Pille und Spirale zwingen sie dazu, ständig zur Penetration verfügbar zu sein. Die Form der Sexualität wird dadurch nicht infragegestellt. Das wird uns als „sexuelle Freiheit“ verkauft. Indem wir uns die Nebenwirkungen dieser Verhütungsmittel bewußt machen und sie ablehnen, problematisieren wir auch unser Sexualverhalten. Wir machen uns, macht uns das Vögelin wirklich Spaß, und können uns dann bewußt dafür oder dagegen entscheiden.

Auseinandersetzung mit unserer Unterdrückung hat auch eine stärkere Sensibilisierung gegen Angriffe auf unseren Körper zur Folge. Einige Frauen von uns empfinden das Angemacht-Werden auf der Straße jetzt noch stärker als vorher, haben mit mehr Aggressionen zu kämpfen, wo sie früher noch mit Gleichgültigkeit reagieren konnten. Wir empfinden unseren Körper jetzt stärker als unser Eigentum und fühlen uns umso verletztter. Je stärker die Aggressionen werden, desto größer wird aber auch unsere Bereitschaft, uns zu wehren. Manche von uns haben bereits erlebt, daß sie nicht mehr total konfus und ohnmächtig reagierten, sondern bei Belästigungen spontan zurückschreien oder zuschlagen konnten. Auch wenn wir den meisten Männern kräftemäßig nicht gewachsen sind, haben wir doch nicht klein beigegen. Es ist auch wichtig, daß wir schneller wahrnehmen, ob sich Frauen in Notsituationen befinden und dann die Verantwortung spüren, ihnen zu helfen. Durch unsere Solidarität sind wir stärker.

Um welche Bereiche geht es bei der SH?

SH bedeutet die Aneignung von Wissen, z.T. die Zurrückeroberung von Wissen, das Frauen in früheren Zeiten über ihren Körper hatten. SH bedeutet nicht, daß jede Frau sich in allen Bereichen auskennt. Es geht mehr darum, daß sich Frauen zusammen Wissen aneignen und dann untereinander weitergeben. Wenn unser Wissen nicht ausreicht, stellen wir das klar und geben den Frauen Ratschläge, wo sie sich weiterinformieren und eventuell behandeln lassen können.

Wichtiger als die Therapie ist aber für uns, ein ganzheitliches Gesundheitsbewußtsein anzustreben. Das umfaßt drei Bereiche:

- Wir wollen durch Aufklärung über bestimmte Krankheiten und deren Ursachen mehr Wissen über die körperlichen Zusammenhänge vermitteln. Wir wollen damit vermeiden, an Symptomen hängen-zubleiben.

Wir wollen sondern den Frauen helfen, die psychischen Ursachen für ihre Krankheiten herauszufinden.

- Wir streben eine Zusammenarbeit mit Ärzten und Institutionen an, die sich um menschlichere Behandlungsmethoden bemühen, um Frauen mit Beschwerden, für die wir uns nicht kompetent fühlen, gezielt weitervermitteln zu können. Diese Kontakte bestehen momentan leider erst ansatzweise.
- Als Basis müssen wir ein Bewußtsein über gesellschaftliche Zusammenhänge im Gesundheitsbereich erarbeiten (z.B. versuchen wir, über den Einfluß der Pharmaindustrie auf die gesamte medizinische Versorgung aufzuklären).

Diese Themen sind wichtige Inhalte unserer SH-Gruppen.

Das Ziel der SH ist mehr als Notwehr. Notwehr ist sie, wo sie sich gegen die Praktiken der Ärzte richtet. Wir haben vor, zusammen zu Gynäkologen zu gehen, die ambulante Abtreibungen machen, mit ihnen über ihre Methoden zu reden, sie zur Rede zu

stellen, wenn wir negative Berichte von Frauen erhalten haben. Wir wollen auch Frauen bei einer ambulanten Abtreibung begleiten, wenn sie es wünschen.

SH bedeutet vielmehr, daß wir uns nicht spezialistenblind Autoritäten anvertrauen, sondern die Verantwortung über unseren Körper selbst in die Hand nehmen und fähig werden, selbst Entscheidungen zu treffen. Damit versuchen wir, langfristig auch die hierarchischen Strukturen in heutigen Gesundheitssystem direkt zu verändern, unter denen Frauen besonders leiden. Durch gemeinsame erfolgreiche Aktionen bekommen wir ein Gefühl der Stärke und des Veränderenkönnens. So haben z.B. Frauen aus der Hausgeburten-Gruppe, 218-Gruppe, Notrufgruppe u.a. einige Veränderungen erreicht (öffentliches Bewußtsein über die Problematik von Abtreibungen, Informationen über Hausgeburten, das „rooming-in“ in einigen Berliner Krankenhäusern).

Warum Selbstuntersuchung (SU)

Die SU ist Teil der SH und unser jetziger Ausgangspunkt auf dem Weg zur SH. Ein neues Körperbewußtsein und ein feministisches Selbstbewußtsein sind eng mit dem gynäkologischen Bereich verknüpft. Deshalb geben wir zunächst Informationen über medizinisches Wissen und weibliche Körperfunktionen weiter, sprechen dabei aber auch bereits andere Punkte wie Ernährung, Massage, Lebensumstände, psychische Verfassung, Bewegung, Kräuter, alternative Heilmethoden an.

SH-Gruppen und Beratung

Ein Schwerpunkt unserer Arbeit liegt in den SH-Kursen, in denen wir die Zusammenhänge zwischen körperlicher Entfremdung und gesellschaftlicher Unterdrückung bearbeiten. Dabei legen wir Wert auf die Verbreitung der SH-Bewegung. Wir bieten also SH-Kurse bei uns an, mit dem Ziel, daß die Frauen die Erfahrungen, die sie dabei machen, für sich benützen und weitergeben können. Wir stellen uns vor, daß z.B. Frauengruppen im Stadtteil, und Beratungsgruppen angesprochen und informiert werden, damit sie diese Kenntnisse wiederum weitergeben können. Dabei ist es wichtig, daß wir darüber Informationen zurückbekommen. Zusätzlich zu den SH-Kursen machen wir auch Beratung. Die Frauen können sich hier mit ihren Problemen besser einbringen als beim Frauenarzt. Gleichzeitig begreifen sie dabei im Gespräch mit den anderen Frauen ihre Probleme nicht als individuelle, sondern als gesellschaftliche.

Wir versuchen, von unserem Körper als *gesundem* auszugehen und nicht als *krankem*. Die Gesunderhaltung muß sich im täglichen Leben vollziehen. Das verschärft unser Bewußtsein für den Widerspruch zwischen den Möglichkeiten, sich durch Eigeninitiative gesund zu erhalten und den gesellschaftlichen krankmachenden Bedingungen. Es geht darum, Frauen zu bestärken, sich dem Arzt nicht auszuliefern, sondern klare Informationen über diagnostisches Vorgehen, Diagnose und Behandlung zu verlangen. Diese Informationen können wir den Frauen in der Beratung geben. Wir lehnen gesundheitsschädliche Medikamente ab und setzen uns mit einfach praktikierbaren alternativen Heilmethoden auseinander. Nicht zuletzt begreifen wir es politisch als Fortschritt, wenn Frauen die Erfahrung machen können, in ein Projekt zu kommen, in dem *Frauen* die Arbeit bestimmen.

Trotzdem empfinden wir es in der Beratung häßlicher noch als schwierig, Autoritätsstrukturen aufzubrechen, zumal die Beratung einen eindeutigen Dienstleistungscharakter hat.

Neben den SH-Kursen und der Beratung sind andere Schwerpunkte unserer Arbeit:

- Gruppenaktivitäten, die sich mit Alternativen zu den krankmachenden Lebensumständen befassen (Ernährungsgruppe, Kräutergruppe, Massagegruppe (etc.);
- Forschung über Verbrechen gegen Frauen in der Medizin und Aktionen dagegen (z.B. Prostaglandine, unnötige Operationen an Frauen, frauenfeindliche Technisierung der Geburt, gefährliche Abtreibungsmethoden, schädliche Verhütungsmittel und Medikamente...). Hierzu gehört auch das Vorgehen gegen die Frauenfeindlichkeit von Ärzten, speziell Gynäkologen, einschließlich sexuellen Mißbrauchs;
- Probleme von lesbischen Frauen;
- Gesundheitsprobleme von Frauen am Arbeitsplatz;
- Benutzung von Frauen zur Bevölkerungspolitik;
- Situation von ausländischen Frauen, speziell im Gesundheitsbereich;
- internationale Zusammenarbeit mit ausländischen Frauengesundheitsprojekten;
- Unterstützung und Zusammenarbeit mit Gruppen, die sich mit alternativer Ernährung und Lebensweise befassen;
- dies alles in verstärkter Zusammenarbeit mit den Gruppen der autonomen Frauenbewegung.

PER UNA MEDICINA DELLA DONNA

Contributo delle Compagne di Milano del Centro di Medicina Della Donna, Milano, giugno 1977.

Perché un centro di medicina delle donne e non più il consultorio autogestito?

Il consultorio autogestito, nella storia del movimento delle donne, ha spesso significato l'erogazione di un servizio sociale surrogativo a quello, inesistente, delle strutture pubbliche. La pratica del consultorio autogestito ha visto la riproposizione, e il mantenimento, di un rapporto "ruolificato" tra donne: la donna-consulente e la donna-utente, rapporto di per sé immodificabile. La donna-utente si reca al consultorio perché vuole un servizio, la consulente, la compagna femminista cerca di "venderle", attraverso il contraccettivo, anche l'autocoscienza. E' un rapporto dispari, senza possibilità di comunicazione.

In un primo momento la creazione dei consultori autogestiti ha significato la possibilità di un rapporto "diverso" con le "altre" donne, attraverso la comunicazione di quanto già acquisito dalle donne del movimento rispetto alla contraccezione ed alla sessualità. Si è poi constatato che tale comunicazione era fuorviata dalla necessità di imporre la nostra forza, un maggior potere contrattuale rispetto al mondo maschile, ricadendo così nella complicità femminile e nel ghetto dei nostri bisogni (questa volta "autogestiti") e non riusciva ad intervenire "al di là" del sintomo, costretta dai bisogni delle donne-utente, dalla necessità di prescrivere contraccettivi o di indicare soluzioni per abortire.

Molte compagne sostengono l'ipotesi del consultorio autogestito come possibilità di comunicazione e di estensione dei contenuti della nostra pratica femminista a "tutte le altre donne", in contrapposizione, spesso, all'ipotesi del Centro di Medicina, visto, come realizzazione del tutto elitaria, ancora una volta "solo per noi". Il consultorio, proponendosi come servizio, non può, strutturalmente, andare oltre la gestione del disagio e del bisogno. Non può far altro che rincorrere i bisogni, attraverso un lavoro di consulenza che si traduce nel logoramento e nell'alienazione delle stesse consulenti.

L'aggregazione sul bisogno non crea, di per sé, coscienza. Può diventare anzi una proposta di sindacalizzazione delle donne, se si ferma alla gestione del bisogno. Come la rilevazione del sintomo non significa presa di coscienza dell'origine della malattia e conseguentemente lotta per modificare le condizioni di vita che tale patologia hanno generato, così la presa di coscienza dei propri bisogni (ormai sempre più patrimonio di un maggior numero di donne) può trovare una gestione di tipo emancipazionista e riformista se non affonda le proprie radici nel condizione di espropriazione violenta della sessualità e dell'esistenza delle donne operata dalla società maschile, se non ritrova la propria specificità a partire dalla constatazione dell'assenza delle donne dalla storia, se non muove alla ricerca di strumenti originali e diversi assumendosi anche coraggiosamente tutta l'apparente parzialità di questo progetto...

Non vogliamo con questo discorso sui consultori autogestiti, liquidare quest'esperienza in toto, riconosciamo la funzione positiva di divulgazione del "male minore" rispetto alla contraccezione esistente e all'aborto; l'esistenza dei consultori autogestiti "muove le acque" rispetto al vecchio ed umiliante rapporto con il ginecologo, pone le donne in una posizione di forza nel senso dell'emancipazionismo borghese.

Siamo d'accordo nel dire che il consultorio garantisce la salvaguardia dei diretti minimi delle donne, ma non è su questo piano che ci interessa portare avanti il confronto, bensì sul progetto politico che nasce dalla modificazione dei rapporti tra donne. Esiste a nostro parere anche un modo diverso di concepire la trasformazione e la soddisfazione dei bisogni delle donne, anche se questo discorso necessita dei "tempi lunghi" della modificazione radicale.

Per noi l'ipotesi del Centro va nel senso della riappropriazione e dell'autogestione del corpo, dell'invenzione di una nuova medicina fatta dalle donne e per le donne; il sapere delle donne, finora trasmesso oralmente da madre in figlia, senza riconoscimento sociale e "dignità scientifica", irriso dalla scienza maschile, e perciò ghettizzato, trova nel rapporto e nella socializzazione fra donne lo stimolo e la spinta necessaria per emergere.

Il polo è completamente ribaltato. Il nuovo soggetto-donna non solo pretende di intervenire nella costruzione consapevole del destino sulla sua vita biologica e sul suo corpo, ma nel fare questo, ribalta completamente tutti i parametri della cultura e della scienza maschile, svelandone la limitatezza. Nel processo di produzione della "sua" cultura (intesa come controllo e dominio sulla natura) l'uomo ha controllato e dominato anche la donna, e si è appropriato con la stesse modalità che lo hanno reso "il padrone dell'universo", anche del corpo della donna, ha modellato la sessualità femminile sulla propria e si è impadronito del suo potere di riproduzione, regolandolo secondo le leggi oppressive della "sua" società. Fino a giungere con la "sua" medicina, a dare falsa oggettività scientifica alle regole del suo dominio. Riappropriandosi del corpo e costruendo una sua medicina, la donna costituisce anche una nuova scienza e una nuova cultura. E questo perché, nella sua espressione, finora sempre negata, usa parametri inconsueti, imprevedibile e ribaltati.

Secondo noi questo è il progetto politico che sottintende la creazione del Centro di Medicina della donna.

Un centro che non è un consultorio, non è un servizio sociale, né un generico luogo di incontro fra donne. Vogliamo definirlo come spazio di elaborazione e di costruzione di una medicina della donna, dove il lavoro può svilupparsi e procedere per piccoli gruppi di interesse specifico, dentro un unico progetto. Occorre rintracciare attraverso i sintomi della nostra sessualità negata (frigidity, aborto, psicosomatizzazione, isteria e follia) la materialità del nostro corpo muto.

Il progetto di medicina della donna consiste nella sistematizzazione, anche scientifica, di questa riappropriazione del corpo. La medicina dell'uomo espropria la donna, la oggettivizza, la donna stessa "consegna" il suo corpo e il suo sesso "medicalizzato" alla società ed all'istituzione medica. Dobbiamo uscire dal campo medico della specializzazione, dai tranelli della settorializzazione e della parcellizzazione operata sul nostro corpo.

"Questa medicina non è altro che un mezzo per convincere chi è stanco e disgustato della società che in realtà è lui che è ammalato, impotente e bisognoso di riparazione tecnica. Questa medicina tende ad espropriare il potere dell'individuo di guarire se stesso e di modellare il proprio ambiente secondo le proprie esigenze. Questa medicina può essere invalidata solo dal riconoscimento popolare del suo potere malefico, può essere contrastata solo attraverso un processo di presa di coscienza che rifiuti la 'medicalizzazione' della vita, operata dalla corporazione medica in nome e per conto del potere borghese e capitalistico".

(I. Illich: La Nemesis Medica)

In questo senso la medicina istituzionale si configura davvero come espropriazione e la nostra pratica si delinea invece come metodo per riportare il discorso sull'origine della patologia del nostro corpo, non per fuggirla, ma accettandola come conoscenza di qualcosa che ci sta modificando, come esperienza, come parte di noi di cui occorre capire il significato, misurando anche il nostro rapporto con il dolore.

Si ripercorre così il cammino inverso: la classe del capitale ha scelto la medicalizzazione della politica, noi riaffermiamo la nostra scelta di politicizzazione della medicina.

"Se una sociologia medica d'altro tempo ha definito la malattia come perdita di partecipazione, oggi siamo arrivati ad intendere la perdita di partecipazione come sostanza della malattia".

(dalla relazione introduttiva di A. Macaccaro - N.2 di Medicina Democratica)

Riteniamo questa essere un'indicazione preziosa per il nostro lavoro. La nostra non-partecipazione, la nostra emarginazione, la nostra non-storia sono la sostanza della nostra "malattia".

La nostra malattia si basa quindi su una specificità biologica diversa: siamo ammalate spesso in relazione al nostro sesso. Dal racconto dei nostri vissuti, abbiamo scoperto che la "malattia" per noi può essere:

- la materializzazione del bisogno di espiazione, di purificazione da un atavico senso di colpa;
- il rifugio o il ritorno al rapporto originario di protezione che si aveva (o che si ha) con la madre;
- il riposo, la vacanza (nel senso di rifiuto dell'esistere, dell'esser-ci) da un ritmo e da una qualità di vita insostenibile;
- la svalutazione del nostro corpo in quanto merce, la sua perdita di valore sul mercato, il suo invecchiamento e decadimento;
- la negazione di sé, come riappropriazione rovesciata dal masochismo interiorizzato;
- l'unica forma possibile di identità (la donna "debole")
- uno strumento di ricatto nei confronti del marito o dei familiari.

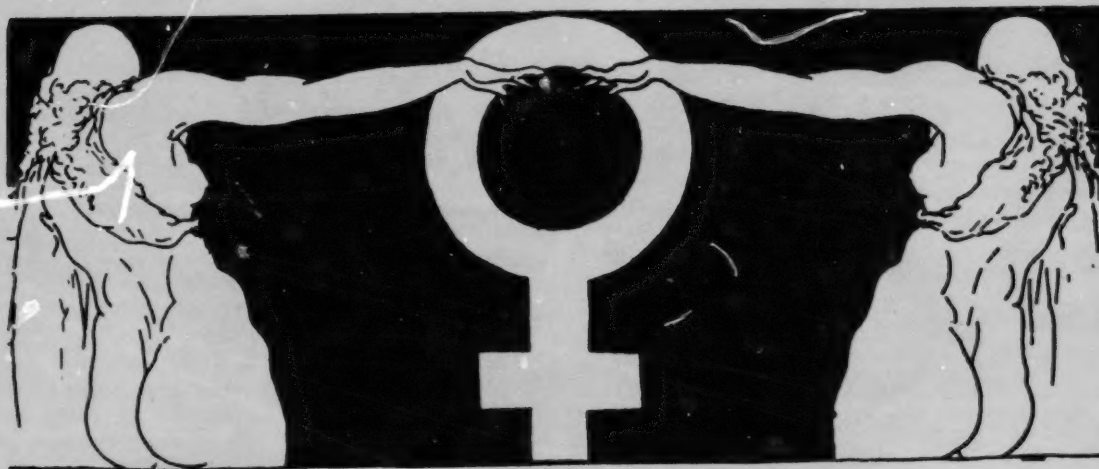
Questo ci fa capire come sia importante "situare" l'esplosione della malattia all'interno della nostra storia personale, per rintracciarne la probabile origine. Recuperare allora un rapporto con il nostro corpo vuol dire recuperare la vicenda della salute così come quella della malattia (come storia, come rifiuto, come bisogno), all'interno di un processo collettivo...

Ma "nuova medicina della donna" non significa soltanto rifondare una scienza medica meno espropriante e meno alienante di quella esistente, ora nel mondo occidentale. Infatti, di per sé, tale lavoro non è appannaggio esclusivo delle donne. La necessità dell'autogestione della salute è un problema che investe tutti, uomini e donne, e già nel Movimento operaio esistono esperienze in tal senso (v. la Montedison di Castellanza e il lavoro d'indagine svolto dal C.d.F.) così come esistono già, da millenni delle tecniche terapeutiche differenti da quelle occidentali (quali l'omeopatia) che non fondano la "cura" sulla parcellizzazione del corpo e conseguentemente sulla superspecializzazione, ma che individuano nella dimensione di "unitarietà" del nostro corpo il terreno insostituibile per ogni intervento terapeutico ed indicano come indispensabile un lavoro di ascolto e di attenzione quotidiana sui nostri ritmi biologici, alla ricerca di un rapporto non violento ma vitale con il nostro corpo.

Quindi non è di per sé rintracciabile, all'interno di un progetto di medicina diversa uno "specifico" di donne.

Occorre capire che questa medicina occidentale è violenta nei confronti della donna non solo perché espropria un corpo e lo reifica nella sua patologia (questo meccanismo avviene anche nei confronti degli uomini ed è oggetto della denuncia dei movimenti democratici di lotta per il diritto alla salute quali Medicina Democratica, Psichiatria Democratica, etc.) ma perché conferma la negazione del corpo della donna e della sua sessualità, negazione che avviene "altrove" attraverso l'assimilazione della donna al desiderio dell'uomo, attraverso il "taglio" violento della sessualità della donna operato dalla colonizzazione del maschio. Quindi la medicina maschile espropria un corpo già espropriato e fondamentale diventa allora andare alla fonte di questa "originaria" espropriazione, di quella operata dalla medicina e dall'intervento terapeutico e solo la conseguenza più infamante (e per ciò più vistosa ed evidente).

Non è il corpo della donna che è muto (il corpo ha sempre rimandato dei messaggi) ma è la donna che è resa sorda nei confronti del proprio corpo perché non lo vede che con gli occhi del maschio, non lo desidera che attraverso il desiderio dell'uomo, non lo vive se non in funzione dell'animazione che ne fa la sessualità maschile.



Caring for Ourselves: An Alternative Structure for Health Care (Report on the Vancouver Women's Health Collective) -- excerpts.
By Nancy Kleiber and Linda Light.

INTRODUCTION

This report is primarily a case study of the Vancouver Women's Health Collective, a non-hierarchically structured feminist organization which provides health education and preventive care to women. The Collective is working for societal and individual change that will enable women to have power over the processes that affect them. It strives to meet its goal of change through consciousness raising and education, and by demonstrating an alternative model for organization and service delivery. During the three-year period of the research, the Collective has undergone continual evolution; this report must not be seen as the final word on this flexible and innovative organization.

The Collective is part of the Women's Movement and the Women's Health Movement, and has ties to the self-help and consumer movements. The group, which emphasizes preventive health care, education, and equality among participants, provides a critique of, but not a substitute for the traditional health care system.

The language of the report reflects the feminist approach of the researchers and the Collective, and attempts to avoid both political and professional jargon. The report is the result of an ongoing collaboration between researchers and Collective members.

THE COLLECTIVE AND ITS GOALS

The structure of the Collective is non-hierarchical, emphasizing the sharing of information, power and responsibility among Collective members and between members and women who use the Collective's services. These services, which are delivered by lay health workers, stress a self-help approach to health care. They include a health information phone line, an abortion counselling service, a diaphragm fitting service, public education programs, a self-help gynecological clinic, and other education and preventive health care programs. Collective members also participate in political activities relating to women and health care.

The Health Collective is working for change on a societal and on an individual level. Ultimately, it is trying to change the structure of the social system so that people, and especially women, can have power over processes that affect them. The Collective is striving not simply for redistribution of the power in society but for a radical transformation in the way in which society is organized, so that no one group dominates another. It is thus working toward a redefinition of power, in which power implies individual autonomy and strength rather than domination over others.

Two kinds of power

Power can be divided, theoretically and practically, into two different types. On the one hand, power can be social power, power to dominate or control others. Personal or psychological power or autonomy, on the other hand, is associated with independence, self-reliance, self-actualization, ego-strength and confidence. It depends not on the domination of others, but on the ability to control one's own life: to know what one needs and to have the personal resources to fulfil those needs.

Although in many cases the relationship between these two types of power is close, it is important to point out that they are not necessarily related. One of the strengths of a collective model of organization is that, at its best, it succeeds in separating the two. Women in the Health Collective are attempting, relatively successfully, to develop personal autonomy and the power to control their own lives without adopting the male model of domination over others so prevalent in our society.

On the individual level, the Collective works to change the outlooks and life-styles of women with whom it comes in contact, so that they may assume power over themselves and some control over the social world in which they live. Recognizing that it is individuals who create society, the Collective directs much of its energy toward raising the consciousness and increasing the knowledge and autonomy of individuals. As an organization, the Collective and its daily operations are structured in such a way that information, power and responsibility are shared, and the individual is not lost in the mechanisms of bureaucracy. The Collective's organizing principles are all directed toward the strengthening of the individual and the sharing of responsibility in all facets of its operation.

The general stress on the power and importance of the individual in society may be applied in every case to women as a particularly oppressed group. It may also be applied to women in the health care system. The health-related goals of the Collective are to increase women's knowledge about and acceptance of their bodies and to encourage women to take responsibility for their own health and care, rather than abandoning this power and responsibility to professionals.

The Collective strives toward their goals through education and consciousness raising and by providing members, clients and the public with an alternative model of the organization and delivery of services, which emphasizes the equality of all participants.

POLITICAL CONSCIOUSNESS IN THE HEALTH COLLECTIVE

The political concerns of the Health Collective focus on the viability of the collective model of organization, on feminism and the situation of women in society, and on the structure of the health care system.

Collective members believe that: 1) although services are an important function of the organization, a strong political commitment is also necessary; 2) as grassroots politics on an individual level constitutes an important way of changing the system, the specifically political content of education at the Collective must be increased; 3) political consciousness raising of Collective members is necessary but not sufficient as a political goal; and 4) although the Collective is politically radical in many ways, it also makes use of and is utilized by the larger health care system. It is this relationship between the Collective and the traditional health care system that is the most problematic political issue for the group.

COLLECTIVE STRUCTURE

A collective model of organization is an alternative to the traditional hierarchical model. It maximizes the sharing of information, power and responsibility within the group. At the Collective there are no designated leaders and there is no formal hierarchy. However, informal power structures do exist, as a result of differences in members' knowledge, experience, self-confidence and charisma. These differentials are recognized and attempts are made to minimize them. The group is not structureless but has a different and more flexible structure than does a hierarchical organization. Decisions are made by consensus rather than by voting; each person's right to be heard is emphasized and discussion continues until an agreement is reached. Such a procedure demands commitment to and skills in the process of consensus decision-making. Throughout the operations of the Collective, a great deal of emphasis is placed on process; there is a continual struggle to balance this emphasis with an attention to efficiency and productivity.

Members have to work hard at maintaining a successful collective: they invest not only their time and technical skills in the organization, but a great deal of emotional energy as well.

Although members struggle to share information, power and responsibility equally, the fact that some are paid means that they can spend more time at the Collective, and therefore have greater access to information and power. However, the group remains committed to a non-hierarchical organization and to the fact that each member has a potentially equal contribution to make. There is also a high degree of mobility between the paid and unpaid group.

Salaries are equal for all workers and are allocated on the basis of both need and commitment to the Collective's goals. Funding created a variety of anxieties for Collective members about such issues as the relationship between paid and unpaid workers, the value of paid versus unpaid work, the dangers of over-dependency on a Health Collective salary, and the performance pressure exerted by salaries.

Within British Columbia, the Collective has strong ties with other feminist groups. It is also in contact with feminist organizations, and with feminist health groups in other parts of Canada and the U.S. The majority of contacts among groups are informal and personal. These contacts facilitate the exchange of information related to women's health and to organizational structure; probably more importantly, they help establish a network of friendship and support that creates a growing sense of community among Women's Health Movement activists.

For information on how to obtain the complete report see "Self-help and Healing Ourselves."

COMO USAR ESTA GUIA

Esta guía es fundamentalmente una lista de recursos acompañada de una introducción y de textos tanto cortos como largos sobre la salud y la mujer tomados de otras fuentes. En lo posible hemos incluido la siguiente información sobre la bibliografía, en este orden:

Título
Autor
Fuente (libro, revista, editor)
Número y fecha de la publicación, en caso de revistas
Dirección a la cual se puede ordenar
Fecha de publicación, en caso de libros
Precio (se incluye la moneda del país, en algunos casos con el equivalente en dólares)

Puesto que los precios cambian rápidamente no podemos garantizar su actualidad. En caso de grupos y organizaciones hemos incluido nombres y direcciones, algunos números de teléfono. Todas las referencias de grupos y literatura van seguidas de un comentario corto y cuando ha sido posible de una auto-descripción. A las descripciones provenientes de otras fuentes se les ha dado el respectivo crédito.

En general las referencias se dan en el idioma original (ej.: información sobre un artículo en francés vendrá en francés). En el caso de una referencia en varios idiomas, los títulos de la versión original aparecen debajo de los comentarios siempre que sea posible, en caso contrario se menciona solamente un idioma (ej.: "Spanish, French, English," o "espagnol, italien et français"). Los comentarios aparecen en la lengua original y una traducción al inglés cuando sea necesaria. Por las razones anteriores esta guía es más útil para quienes leen inglés. Esperamos que las ediciones futuras sirvan mejor a quienes no hablan inglés y que se incluyan más materiales en idiomas diferentes al inglés.

Para usar la guía mas efectivamente recuerde:

- 1) Hemos listado los recursos en primer lugar por tema (véase table de contenidos), y en segundo lugar por región/país, frecuentemente con referencias cruzadas. La información completa sobre un recurso se encuentra en un solo lugar, de modo que Usted puede ser referida a otra sección si desea una referencia completa.
- 2) La mayoría de entradas se encuentran en las secciones de temas, muchas tendrán referencias cruzadas en los listados por países. Sin embargo puesto que algunos recursos generales aparecen en los ultimos (y no en las secciones de temas) es importante revisar los listados por países puesto que pueden incluir información sobre un aspecto particular.
- 3) Las principales referencias de grupos se encuentran en los listados por países, en los cuales los grupos aparecen separados de recursos de literatura. Igualmente, los grupos tendrán referencias cruzadas siempre que sea apropiado, en las secciones de temas, en estos casos se encontraran mezclados con referencias de literatura.
- 4) Cuando ordene materiales, no envíe cheques personales (es difícil y a menudo bastante costoso depositar cheques de otros países). En su lugar use una forma de pago internacional. Los bancos le pueden informar sobre ellas así como sobre los equivalentes en moneda extranjera.
- 5) Ciertos articulos que no tienen fácil acceso (porque se trata de un manuscrito no publicado, por ejemplo) se encuentran listados y se pueden obtener por medio de The Boston Women's Health Book Collective o ISIS en Suiza. Tales materiales estan marcados: "BWHBC Packet - véase Recursos Internacionales", o "ISIS Packet..." etc.

COMMENT UTILISER CE REPERTOIRE

Ce répertoire est d'abord une bibliographie annotée à laquelle nous avons ajouté une introduction et des extraits plus ou moins longs sur les femmes et la santé tirés d'autres sources. Dans la mesure de nos possibilités, les informations bibliographiques sont données comme suit dans l'ordre:

Titre
Auteur
Source (livre, journal, édition)
Numéro de publication et date si c'est un journal
L'adresse où se le procurer
La date de publication si c'est un livre
Le prix (dans la monnaie du pays d'origine, avec parfois l'équivalent en dollars)

Vu que les prix changent rapidement, nous ne pouvons pas garantir leur validité actuelle. Pour ce qui est des groupes et des organisations, nous en avons indiqué les noms et les adresses, en ajoutant parfois les numéros de téléphone. Tous les documents ou groupes mentionnés sont suivis d'un commentaire et autant que possible, pour les groupes, d'une auto-description. Les descriptions provenant d'autres sources sont citées comme telles.

Généralement les références sont données dans la langue d'origine (par exemple pour un article en français tout est en français. Quand les documents existent en plusieurs langues les titres correspondants sont donnés après le commentaire, là où c'est possible, ou alors il est fait mention des diverses versions en une seule langue (ex. "Spanish, French and English, " ou espagnol, italien, français). Les commentaires sont faits dans la langue d'origine avec une traduction anglaise. Tel qu'il se présente ce répertoire est surtout utile à ceux et celles qui lisent l'anglais. Nous espérons que les prochaines éditions seront mieux adaptées aux lecteurs et lectrices qui ne savent pas anglais, et que nous pouvons y inclure plus de matériel en d'autres langues que l'anglais.

Pour une meilleure utilisation de ce répertoire n'oubliez pas ceci:

- 1) Les documents sont d'abord classés par sujets (voir la table des matières) ensuite par région/pays, fréquemment avec des renvois. La référence complète n'apparaît qu'une fois; c'est pourquoi vous pouvez souvent avoir à vous reporter à une autre partie du répertoire pour de plus amples informations.
- 2) La plupart des données sont classées par sujet, mais beaucoup d'entre elles se trouvent dans la classification par pays (et pas dans la classification par sujet.) Il est donc important de consulter celle-ci si l'on cherche des documents généraux, mais susceptibles de fournir des informations sur un sujet précis.
- 3) Les informations concernant les groupes sont dans la classification par pays, sous une rubrique séparée des documents. Parfois ils sont aussi mentionnés dans la classification par sujet quand cela s'avère utile mais lorsque c'est le cas, c'est dans le cadre des données bibliographiques.
- 4) Si vous commandez des documents, nous vous prions de ne pas envoyer de chèques personnels (il est souvent difficile et parfois très cher d'encaisser des chèques en provenance d'un autre pays.) Utilisez plutôt un virement international ou un mandat international. Les banques peuvent vous renseigner sur les cours de change en vigueur.
- 5) Certains articles difficiles à trouver (par exemple des manuscrits non publiés) sont aussi mentionnés et peuvent être obtenus auprès du Collectif de Boston ou à ISIS en Suisse, "BWHBC Packet", ou "ISIS Packet."

WIE MAN DIESEN FÜHRER BENÜTZEN SOLL

Dieser Führer ist in erster Linie ein kommentiertes Quellenverzeichnis, mit Einführungen und kurzen und längeren Auszügen aus anderen Quellen zum Thema Frauen und Gesundheit. Womöglich haben wir jeweils die folgenden Angaben zusammengestellt, in dieser Reihenfolge:

Titel
Autor
Quelle (Buch, Zeitschrift, Herausgeber)
Nummer und Datum bei Zeitschriften
Bestelladresse
Publikationsdatum bei Büchern
Preis (in der Währung des Landes, z.T. auch in U.S.-Dollars)

Da Preise schnell ändern, können wir für diese nicht garantieren. Für Gruppen und Organisationen haben wir Namen und Adressen notiert, z.T. mit Telephonnummern. Alle Angaben für Literatur und Gruppen werden von einem kurzen Kommentar gefolgt, und wenn möglich einer Selbstbeschreibung. Beschreibungen aus anderen Quellen sind vermerkt.

Im Allgemeinen werden die Kommentare in der Originalsprache gegeben. Wenn Publikationen in verschiedenen Sprachen erscheinen, wird der Titel wenn möglich in allen Sprachen aufgeführt, sonst ist die Tatsache nur in einer Sprache vermerkt (z. B. "Spanish, French and English" oder "Deutsch, Italienisch und Französisch"). Kommentare werden in der Originalsprache gegeben, wenn nötig mit einer englischen Übersetzung. Dieser Führer ist deshalb am nützlichsten für die, welche englisch lesen können. Wir hoffen, dass zukünftige Ausgaben auch auf anderssprachige Leser ausgerichtet sein werden, mit viel mehr Artikeln in anderen Sprachen.

Um diesen Führer am Besten zu benutzen ist folgendes zu beachten:

- 1) Wir haben die Auskunftsquellen erstens nach Thema (siehe Inhaltsverzeichnis) und zweitens nach Region/Land unterteilt, mit häufigen Litteraturhinweisen. vollständige Auskunft über eine Quelle steht nur einmal, deshalb wird man für den ausführlichen Kommentar häufig auf einen anderen Teil verwiesen.
- 2) Die meisten Auskunfte erscheinen im thematischen Teil mit häufigen Referenzen im Länderverzeichnis. Da jedoch allgemeine Quellen nur im Länderverzeichnis stehen (und nicht im thematischen Teil) ist es unumgänglich dieses auch durchzugehen.
- 3) Hauptkommentare über Gruppen befinden sich, getrennt von anderen Litteraturhinweisen, im Länderverzeichnis. Gruppen werden, dem Thema entsprechend auch andersorts aufgeführt, jedoch in diesem Falle mit Kommentaren vermischt.
- 4) Wenn Sie Unterlagen bestellen; senden Sie Bitte keine persönliche Cheks (es ist häufig schwierig und manchmal ziemlich teuer Cheks von einem anderen Land einzulösen). Benutzen Sie lieber einen internationalen Bankchek oder ein internationales Geldmandat. Banken geben gerne Auskunft über Wechselkurs.
- 5) Gewisse Artikel, die schwer zu beziehen sind (z. B. weil es unveröffentlichte Manuscripte sind), können durch die "Boston Women's Health Book Collective" oder ISIS in der Schweiz erhalten werden. Solche Artikel sind mit "BWHBC Packet" oder "ISIS Packet" gekennzeichnet- siehe auch das internationale Quellenverzeichnis-.

COME USARE QUESTA GUIDA

Questa Guida è fondamentalmente un elenco annotato che include commenti introduttivi ed estratti da varie fonti sul tema "La Salute della Donna". Quando ci è stato possibile abbiamo inclusi le seguenti informazioni nel seguente ordine:

Titolo
Autore
Fonte (libro, rivista, casa editrice)
Numero e data di pubblicazione, se rivista
Indirizzo
Data di pubblicazione, se libro
Prezzo (prezzo in valuta del paese di pubblicazione,
a volte con equivalente valore in \$ Americani)

Poiché i prezzi cambiano rapidamente non possiamo garantire esatta corrispondenza con quelli qui indicati. Per Gruppi ed Organizzazioni abbiamo fornito nome ed indirizzi a volte ci è stato anche possibile indicare il numero di telefono. Tutte le citazioni di materiale e gruppi sono seguiti da breve commenti e quando è possibile da descrizioni fornite dal gruppo stesso. Descrizione prese da altre fonti sono annotate.

Generalmente le citazioni sono riportate in lingua originale (p.e. informazioni su un articolo scritto in Francia sono riportate in Francese). Quando articoli appaiono in diverse lingue, i titoli delle versioni in lingua sono elencati sotto ed indirizzi, se possibile, altrimenti il brano è citato in una sola lingua (p.e. "Spanish, French and English: or Espagnol, italien et francais"). Annotazioni compaiono in lingua originale accompagnate da una traduzione in Inglese. Speriamo che nel futuro le nostre edizioni serviranno più adeguatamente coloro i quali non conoscono la lingua inglese e che testi in altre lingue diventino più numerosi.

Per usare questa Guida in maniera efficiente, ricorda:

- 1) Le fonti sono citate per soggetto (vedi Indice); in second'ordine per regione o paese, con frequenti richiami. Informazioni dettagliate su una fonte comparono solo in un posto, in questo modo il lettore è spesso rimandato ad un'altra nota per una citazione più completa.
- 2) Diverse voci appaiono nell'indice per soggetto e comprendono indicazioni e richiami all'elenco per nazione. In ogni caso, poiché qualche fonte generica compare solo nell'indice per nazione (e non nell'indice per soggetto), è importante controllare l'elenco per nazione per fonti più generiche che potrebbero includere informazioni su di un argomento specifico.
- 3) Le citazioni principali per gruppi sono nell'elenco per nazioni, dove i gruppi sono distinti da fonti letterarie. Richiami a gruppi possono essere trovati in altre sedi quando sembrerà opportuno, nell'indice per soggetto, in questo caso compariranno insieme a fonti più propriamente letterarie.
- 4) All'ordinazione di materiale non spedite assegni personale (e spesso difficile e costoso depositare assegni di un'altra nazione). Usate assegni internazionali Travel-Checks o International Coupons emessi dalla Poste Italiane. Le Banche possono fornire ulteriori informazioni.
- 5) Certo materiale che è difficilmente reperibile (come manoscritti non ancora dati alla stampa) sono elencate, e possono essere ottenuti attraverso la sede Svizzera Del Boston Women's Health Book Collective o ISIS. Questi articoli sono siglati "BWHBC Packet - vedi Catalogo internazionale dei mezzi di informazione", o "ISIS Packet".

HOW TO USE THIS GUIDE

This Guide is primarily an annotated resource list, including introductory comments as well as short and long excerpts about women and health from other sources. Whenever possible we have included the following information about literature resources, in this order:

Title
Author
Source (book, journal, publisher)
Publication number and date, if a journal
Ordering address
Publication date, if a book
Price (currency of country source is listed, sometimes with exchange into US dollars)

Since prices change rapidly, we cannot guarantee their current validity. For groups and organizations, we have listed names and addresses, sometimes including telephone numbers. All citations for literature and groups are followed by a brief annotation, and when possible, a self-description. Descriptions taken from other sources are credited.

Generally citations are given in the original language (e.g. information about a French article would be in French). When items appear in several different languages, the titles of the language version are listed below the annotation where possible, otherwise the fact is mentioned in one language only (e.g. "Spanish, French and English" or "espagnol, italien et français"). Annotations appear in the original language along with an English translation, when necessary. As such, this Guide is most useful to those who can read English. We hope that future editions will better serve readers who know no English and that many more materials in languages other than English will be included.

To use this Guide most effectively, please remember:

- 1) We have listed resources primarily by subject matter (see Table of Contents) and secondarily by region/country with frequent cross-references. Complete information about a resource appears in one place only, so you may be referred often to another section for the full citation.
- 2) Most entries will appear in the subject matter sections with many of them cross-referenced in the country listings. However, since some general resources appear only in the country listings (and not in the subject matter sections), it is important to check the country listings for general resources which might include information on a particular topic.
- 3) Main citations for groups are in the country listings, where groups are separated out from literature resources. Groups will be cross-referenced elsewhere, when appropriate, in subject matter sections, but they will appear in these cases intermingled with literature citations.
- 4) When ordering materials please do not send personal checks (it is often difficult and sometimes quite expensive to deposit checks from another country). Instead, please use an international bank draft or international money order. Banks can inform you of current money exchange rates.
- 5) Certain articles which are not easily available (e.g. because they are unpublished manuscripts) are listed, and made available through the Boston Women's Health Book Collective or ISIS in Switzerland. Such items are marked "BWHBC Packet - see Basic International R source List", or "ISIS Packet..." etc.

LISTA DE LOS MATERIALES
LISTE DE MATERIEL
QUELLENVERZEICHNIS
MEZZI D'INFORMAZIONE
RESOURCE LISTINGS

1.

RECURSOS INTERNACIONALES
LISTE DE MATERIEL DE BASE INTERNATIONAL
INTERNATIONALES QUELLENVERZEICHNIS
CATALOGO INTERNAZIONALE DEI MEZZI DI INFORMAZIONE
BASIC INTERNATIONAL RESOURCE LIST

BOSTON WOMEN'S HEALTH BOOK COLLECTIVE
Box 192, West Somerville, MA 02144, USA

Co-authors of Our Bodies, Ourselves, and Ourselves and Our Children, the Collective carries out a variety of projects in the USA and jointly with groups in the USA and in other countries. It publishes and distributes:

- Nuestros Cuerpos, Nuestras Vidas, a translation of Our Bodies, Ourselves for Spanish-speaking women in the USA, also distributed worldwide. \$2.00 per copy.
- "Menstruation" and "Sexually Transmitted Diseases," two 8-page brochures in English (see "Self-help and healing ourselves" and "Sexually transmitted disease")
- Special "health packets," for women's health groups only, which include a variety of reprints, papers from women's health activists, and health "updates."

Most of the Collective's materials are in English, but the group maintains extensive correspondence with women in different countries. This International Women and Health Resource Guide (1980) is being published and distributed jointly by the Collective and ISIS.

Our Bodies, Ourselves was the first major guide to health issues of concern to women, written from a women's viewpoint by Americans. Medicine's control over contraception, abortion, childbirth, gynecological surgery, menopause, breast cancer, sexuality, nutrition and basic health care is challenged and demystified through personal experiences, factual information and some political analysis. Charts, drawings, photos, and bibliographies accompany the text. The first newsprint edition, in 1970,

has been succeeded by two commercial editions, 1973 and 1976, followed by a 1979 update--2 million copies in English. There are foreign language editions in Japanese, Chinese, Italian, Dutch, Swedish, German, Spanish and French (see below.) The book is forthcoming or in progress in several other languages in various parts of the world. Write to the Collective directly for more information.

Following are the publishers and the addresses for editions of Our Bodies, Ourselves:

- English (USA): Our Bodies, Ourselves (1973, revised & expanded, 1976, updated 1979) Simon and Schuster, 1230 Avenue of the Americas, NY, NY 10020, USA, \$6.95
- French: Notre Corps, Nous-Mêmes (1977) Editions Albin Michel, 22 rue Huyghens, Paris 75014, France
- Spanish: Nuestros Cuerpos, Nuestras Vidas (1977, updated 1979) Order from the Collective. \$2.00 per copy.
- Italian: Noi e il nostro corpo (1974, revised and expanded, 1977) Feltrinelli Editore, via Andegari 6, Milano 20121, Italy
- English (UK): Our Bodies, Ourselves (1978) Penguin Books, Ltd., 17 Grosvenor Gardens, London SW1W 0BD, England
- Dutch: Je Lichaam, Je Leven (1975) Uitgeverij Bert Bakker B.V., 406 Herengracht, Amsterdam, The Netherlands
- Swedish: Våra Kroppar, Våra Jag (1975, revised edition 1980) Gidlunds Forlag, Karlsviksgatan 16 11241 Stockholm, Sweden
- Japanese (1974) Godo Shuppan, 1-52 Kanda-Jinbocho, Chiyoda-Ku, Tokyo, Japan

- Chinese (1976) The Woman (monthly magazine), Box 3782, Taipei, Taiwan, Republic of China
- German: Unser Körper unser Leben (1980) Rowohlt, Postfach 13 49, Hamburger Str. 17, D 2057 Reinbek bei Hamburg, Germany.
- Portuguese: (to be published) Editora das Mulheres, avenida Sidonio Pais, 28, 5.DTO, Lisbon, Portugal
- Israeli (1981) The Second Sex Ltd. Publishing House, 55 Sheinkin Street, Givataim, Israel

HealthRight: A Women's Health Newsletter
41 Union Square, Room 206-9, New York, NY 10003, USA. English. \$7.50 Individual; \$15.00 Institutional; \$20 Contributing subscriber. Add postage for international subscribers: Canada, \$1.00; all other countries, \$3.00 (surface) or \$6.00 (airmail.)

Published by the HealthRight Collective, this is the most comprehensive quarterly on women's health, USA and internationally. Excellent special issues (A Global Issue) on international women's health: Vol. IV, Issue 4, 1978 "Woman and Health Care Around the World, Part I," and "Woman and Health Care Around the World, Part II" (Vol. V, Issue 1), include reports from Australia, Bangladesh, Chile, Italy, New Zealand, Zimbabwe, and special topics (Depo-Provera, etc.) \$1.00 each, plus postage.

INTERNATIONAL CONTRACEPTION, ABORTION AND STERILIZATION CAMPAIGN (ICASC)
Coordination, c/o Dantelaan 53, 35 33 VB Utrecht, The Netherlands.

Nowhere in the world do women have the unconditional right to control their own fertility. ICASC has grown out of the many campaigns, groups and individuals who are fighting for this right in many countries. The forces against a woman's right to choose are powerful. They include governments, churches, the medical profession, drug companies, political parties, population control agencies and anti-abortion organizations, all of which operate on an international level. We need an international campaign to fight them effectively.

Aims of ICASC: to create an international solidarity network; to develop links between existing campaigns and groups; to

support the building of campaigns in countries where they do not yet exist.

"We are collecting and exchanging information in order to initiate actions around the world. We called an international day of action on 31st March 1979 which was supported by people in over 20 countries. This was just a first step in the struggle for reproductive rights for women, a struggle which concerns all movements and individuals who stand for democratic rights and social justice. Access to safe contraception and abortion, and freedom from forced sterilisation have become international political issues, forcing debate and confrontation around the world. The outcome of this struggle will have an impact on all fights for basic human rights."

ICASC was started in 1978. International coordination meetings take place every three months, each time in a different European country. At each meeting there are workshops on 1) drugs and drug companies, 2) anti-abortionists, 3) fertility control and conditions at work, and 4) involvement of the labour movement in our work.

INTERNATIONAL FEMINIST NETWORK (IFN)
c/o ISIS, Case Postale 301, 1227 Carouge, Switzerland. Tel. 22/43 40 22; or ISIS, via della Pelliccia 31, 00153 Rome, Italy. Tel. 6/58 08 231.

IFN is a communication channel through which women can mobilize international support for each other in cases where they have been persecuted as women. For example, IFN has covered rape victims, women imprisoned for abortion, women workers' struggles, court cases. It can also be used for rapid spreading of information about international feminist actions and demonstrations. Women needing international support should write or telephone ISIS in Geneva or Rome, giving details of how women in other countries can help them.

ISIS - WOMEN'S INTERNATIONAL INFORMATION AND COMMUNICATION SERVICE
Case Postale 301, 1227 Carouge/Geneva, Switzerland; or: Via della Pelliccia 31, 00153 Rome, Italy.

ISIS is a resource and documentation center for the international women's movement. It was set up in 1974 to collect materials from women's groups and to make these resources available to other women. The quarterly ISIS International Bulletin presents theoretical and practical documentation and information from women working to bring about social and political change. It deals with a specific theme each time, e.g. women and work, battered women, feminism and socialism, tourism and prostitution, migrant women, and always includes extensive listings of women's resource materials and groups.

ISIS International Bulletins nos. 7 and 8 deal exclusively with women and health. Individual issues: US \$3.00 (add \$1.25 airmail postage outside Europe.) Annual subscription: US \$15.00, women and women's groups; US \$25, institutions (for airmail postage outside Europe, always add \$5.00.)

One exception: ISIS Boletín Internacional (The quarterly ISIS bulletin in Spanish) should be ordered from the Rome, Italy address (see above.) Annual subscription: US \$10.00, individuals; US \$15.00, for USA institutions.

"Mujeres y Salud", ISIS Boletín no. 2, April 1980. Español.

Esta boletín trimestral de ISIS en español trata el tema del control de la salud y reproducción de las mujeres. Contiene artículos relacionados con el tema en Latino-America y Africa. Da una vision del movimiento de auto-ayuda (self-help) en Europa y EEUU y una lista de recursos. This issue of the quarterly ISIS bulletin in Spanish analyzes the control of women's health and reproduction and contains articles on health from Latin America and Africa. It also contains an overview of the self-help movement in Europe and North America and resource listings.

Off Our Backs

1724 20th St., NW, Washington, DC 20009 USA. Monthly feminist newsjournal. English. Subscription: \$7.00/yr. USA and Canada, \$13.00/yr. overseas, \$20.00 businesses and institutions. Sample copy 60¢.

Every issue includes valuable information about women and health, including regular international coverage.

Spare Rib

27 Clerkenwell Close, London EC1R 0AT, England. English. L8.00 (\$18.00)/yr. seamail, L12.00 (\$27.00)/yr. airmail. Send checks/international money orders made payable to: Spare Rib Ltd., Linda Phillips (SROB), 114 George St., Berkhamsted, Herts HP 4 2EJ, England.

British women's liberation monthly magazine with excellent regular coverage of women's health, internationally. "We carry articles on the practice and politics of birth control, abortion, pregnancy and childbirth. Our concern extends to all aspects of health and disease and and this has been reflected in our coverage of women and work hazards, anorexia, and depression. We look at conventional and alternative treatment; we have had an article from a feminist acupuncturist and one from a group of women who wrote about their own experiences of migraines."

WIN News (WOMEN'S INTERNATIONAL NETWORK) 187 Grant St., Lexington, MA 02173, USA. English. Annual subscription: \$15.00 individual; \$25.00 institution.

Edited by Fran Hosken, this quarterly covers a wide range of topics of concern to women, including: United Nations actions and conferences; health; violence; development; media; clearinghouse (career opportunities internationally); and reports from around the world - Asia and Pacific, Africa, the Middle East, Europe and the Americas. The most complete coverage on Female Circumcision (see Sexuality and Africa.)



"Mother, what is a Feminist?"
"A Feminist, my daughter,
Is any woman now who cares
To think about her own affairs
As men don't think she oughter."

— Alice Quigley Miller, 1915

LNS/cpf

WHO CONTROLS WOMEN'S HEALTH

drug industry, doctors and governments

As women we are workers, consumers, reproducers, sexual objects, desired and detested. For all these reasons we use the health system more than men. We have children, we get over-tired, we need medication. We have to care for sick children. We need contraception, abortion. We consume vast amounts of chemical beauty products in order to make ourselves desirable to men. We are beaten and raped and then need to be cared for. Yet health systems are nearly always in the hands of men. Men have successively taken over the domain of medicine. It is they who are the doctors in most countries. It is they who have developed the drug industry into the enormity it is today, and it is they who make the laws on health. Doctors, pharmaceutical industries, governments: this is a powerful tripartite alliance.

A multi-million dollar hospital is largely irrelevant to a country where the ill health of the people has more to do with lack of sanitation and enough food, than with complex diseases needing surgery. Yet a hospital in Pakistan, for example, cost 43.5 million rupees when total expenditure for the Rural Health Program at the time amounted to only 16.5 million rupees. In the USA or Europe, the emphasis put on drugs and medicines far outweighs the importance given to good balanced diet. Tranquilizers and anti-depressants are prescribed to people whose real problems are unemployment or lack of child care facilities. Research has made possible complex heart and brain surgery, while malnutrition and poverty are far from eradicated and many women still give birth in inhuman circumstances.

Depending on our country, some of us have a degree of control over where we live, what we do and what we eat. Most of us have very little control over the health care system, very little say in the decisions as to what kind of health care is available to us. And as women we are particularly affected by the health care systems or the lack of them. We have only to think of a few examples :

- as potential mothers we face the problem of having children or not, of contraception and abortion;
- as mothers we are mainly responsible for the health of our children and families, feeding them, caring for them when they are sick;
- as workers both in outside production and in the home as mothers we are over-worked, over-tired, subject to poor working conditions with all that this means for our health;
- as consumers for the family, we become the particular target of the pharmaceutical industry, through their publicity for medicine and "health" products;
- as objects of desire we are bombarded by the chemical industry to buy beauty products, to fight old age, to undergo plastic surgery for beauty purposes;
- as women confronted and confined to all these roles, we are treated as mad for not adjusting to them, psychoanalysed by men and given drugs as a solution;
- as women we are subjected to laws and systems of health made by men, which are not geared to our needs or those of our families, and which restrict our self-determination; -- the lack of safe and effective contraception for instance or laws requiring our husbands' consent for abortion.

It is not our capacity to have children which is the only health issue of concern to women, but it is certainly a central one.

Our analysis shows that women have lost control over their own health and reproduction. We know, though, that they are beginning to take back that control. The women's self-help movement in North America, Western Europe, Australia and New Zealand gives testimony to that. Women in other parts of the world are organising in different ways.

Jane Cottingham and Marilee Karl. From the Introduction to "Women and Health: Part I." ISIS Bulletin 7, Spring 1978.



2.
 LA MUJER Y EL SISTEMA DE SALUD
 LA FEMME ET LE SYSTEME MEDICAL
 DIE ROLLE DER FRAU IM GESUNDHEITSWESEN
 IL RUOLO DELLA DONNA NELLA SANITA
 WOMEN'S ROLE IN HEALTH

Women's health in most parts of the world has become worse in the last five years. Despite our longer life expectancy as women and despite increasing health budgets, only affluent segments of society have shown any improvement. How is medicine responsible for this fact? In the industrialized world, most normal reproductive functions of women have been turned into illnesses and problems which require medical treatment and control. This is the phenomenon called the "medicalization" of life. Medicalization occurs in many areas of medicine, but it is most dramatically illustrated in the case of women's health and medical care. The kind of care given is usually inappropriate to the real needs of women and is inadequate in meeting women's needs for information about their health and sexuality. At the same time, the training of medical professionals builds in hostile or negative attitudes towards women. Medicine's record of abusive practices carried out on women is well-documented and worldwide. These practices are still ongoing.

In defining problems as "health" problems, we always run the risk of medicalizing, of turning too many ordinary life situations into medical experiences or technical events, while the actual sources of our problems may go unrecognized. On the other hand, the term health may not be broad enough. Many women working on issues surrounding violence against women--rape, incest, sexual coercion, beatings and pornography--have begun to feel that these violences take a far greater toll on the health of women than their more limited contact with the medical system is capable of doing. Medicine's abuses of women are seen as simply another integral part of an overall climate of violence against women, just as women at the Crimes against Women Tribunal in Brussels concluded four years ago.

Whichever of these analyses one chooses, medicine emerges as a major institution having social control over women in most Western societies. Our experience of our bodies is constantly being translated into the medical framework; our ability to control our lives is continually subordinated to medical judgments. "Punishment" is carried out with great intensity when women refuse medical control over their lives, whether the women are healthworkers or "patients." Increasingly, the medical fraternity, overwhelmingly male and male-dominated, is becoming a separate sub-culture, which is international but tends to share certain distinct Western values. There is an ideology, both explicit and implicit, which approaches women entirely in terms of their reproductive potential. Modern medicine has tended to ignore those health needs of women which result from nutritional, occupational and environmental influences, or from stress. When they are included, it tends to be because women are mothers. The value of women as people and the relative importance of non-reproductive aspects of their health and illness thus have been belittled or neglected.

When "modern," Western medicine is introduced into other cultures, this ideology travels with it. While in many ways these medical views of women reflect the basic values about women held by much of Western society, in the medical model they become exaggerated and amplified, given authority by the presumed scientific base on which these ideas rest. In addition, medicine in turn becomes a propagator of these values, shaping and further refining a given society's ideas about what women are--how they should behave and think, and what should be expected of them. In more industrialized societies, middle-class women increasingly derive their sense of worth and their ideas about

themselves and their needs from the images projected by physicians, psychiatrists, and professionals in general.

It has been suggested that women and children in the developing world may be destined to re-create the health disasters which came in the wake of the industrial revolution in England in the nineteenth century, and later in America. Women in the developing world are increasingly locked into double or even triple days of labor. They provide cheap manufacturing labor in the visible economy and are usually the only labor in the "invisible" economy--the reproduction of human beings, including the production of much of the food and child care which sustains the next generation. As the total number of hours of labor mount, spare or "leisure" time becomes non-existent. Women command increasingly less of the shrinking resources needed to carry out their double or triple load, and the total stress drains their already marginal health. This is clearly reflected in the current worsening condition of women's health and children's health, but not in the health services designed for women.

To break out of this cycle, there are several possibilities, but most governments will choose primarily one: fertility or population control. It is the easiest, because funds and incentives are available from the developed world, particularly for female methods of birth control, and because women are often more easily persuaded to become "acceptors." This solution is also the one which deflects energy away from the possibility of the people gaining control over the land or over the economy.

Medicine's role in this political deflection, through fertility control and through other types of health services, cannot be underestimated. As development and modernization proceed, older ways of managing birth or controlling fertility are forced out. Indigenous practitioners, usually women, are denied the training which might make them competitive, or more effective, and the validity of traditional approaches to health is negated. The control of the medical profession over women and children tightens until, as in most of the modern world, women are almost totally dependent on physicians for advice and care. Ultimately, this is the way a whole people learns to prefer "modern" care.

The role of the law in this process is to make explicit and legitimate what has in fact already occurred. The socialization we received as female children, to be "good," to conform and to obey the rules, particularly rules made by men, stirs a strong need in many women for laws which will give us permission to control our fertility and our lives. We want to stop the destructiveness and painful secrecy of illegal abortions. We want society to recognize and respond to the reality of how we must live. But because we are taught to be ashamed of our bodies and kept ignorant of how they function, we have also learned to believe that doctors are indispensable for all care of female bodies. Moreover, most governments have accepted physician monopoly over these services and frequently have guaranteed that monopoly by law. The practical result of this monopoly is that when more liberal laws are passed, it is the doctors and the lawmakers who gain in power, not women. In country after country in the modern West, the legalization of abortion, for example, has served to reduce rather than increase the actual opportunity for poor women to receive safe, legal, reasonably-priced abortions. Most physicians are ambivalent or negative toward abortions unless high fees are involved. But more important, since physicians are named in the law as the only legitimate abortionists, the competent, traditional female abortionists who often served poor women are specifically made into criminals, who now face severe penalties. Thus the last of those functions which laywomen can perform well is becoming extinct, following traditional contraception and indigenous-midwife birth into oblivion.

Our belief in the legitimate power of the law and the modern state to control and

regulate people's lives has betrayed us. We have not reckoned with the power of the modern professions, especially medicine, to persuade almost any government to recognize their exclusive expertise and authority where women's health is concerned. In addition, we have not reckoned with the enormous power which those who oppose freedom for women, and particularly our right to control our bodies, have been able to gain among lawmakers and politicians.

It thus becomes a major focus of the women's health movement internationally not only to fight for women's rights to make these decisions for ourselves, but also to demystify and de-medicalize our health. We may need to re-discover the ethic of civil disobedience and to invoke "the consent of the governed" if we mean to re-claim our role as healers and our place as free women.

(A) CONTROL OF WOMEN BY MEDICAL INSTITUTIONS

Alternativas - Salud

No. 11, July 1977. *Creatividad y Cambio*, Jr. Callao 573, Apt. 5132, Lima, Peru, S.A. Español.

El mayor enemigo de la salud es la mala distribución de la economía. La salud no es un monopolio de ninguna profesión, ni de ningún organismo estatal. La salud no es un privilegio para unos pocos. La salud es un Derecho de Todos. Sólo podrá ser disfrutada como un derecho cuando el pueblo tenga una real participación en todos los aspectos políticos y sociales de su vida.

Ilustra las deficiencias del sistema de salud peruana con cuadros estadísticos. Expone la posición de Ivan Illich sobre la desprofesionalización de la salud, habla de la experiencia china de los "Médicos Descalzos."

Boletín breve, fácil de leer, interesante.

Avanti un'Altra: Donne e Ginecologi a Confronto

Liliana C. Paggio. Edizioni La Salamandra, Via Fabio Filzi 27, 20124 Milano, Italia. 1976. Lire 2000. Italiano.

Basato su un lavoro collettivo di donne assistente in un consultorio di Milano, questo libro analizza il rapporto disumano fra ginecologi e pazienti.

Based on the collective work of women assistants in a public clinic in Milan, this book analyzes the inhuman relationship between the gynecologist and the patient.

Basic Service Delivery in 'Underdeveloping' Countries: A View from Gonc-hasthaya Kendra (see "Bangladesh")

The Body Politic: Gynäkologische Selbsthilfe.

Ilona Kickbusch. Gottliebstr. 40A, D-7750 Konstanz, West Germany. (In English: The Body Politic: A Feminist Perspective)

Referat einer politischen Wissenschaftlerin über das Recht der Frauen auf Kontrolle ihrer eigenen Körper und Reproduktion als zutiefst politische Themen. Kritisch gegen über dem bestehenden, von Männern kontrollierten medizinischen System. Beschreibt alternative Selbsthilfegruppen besonders in den U.S.A. und Deutschland. Bibliographisches Material auf Englisch und Deutsch. Vorgetragen auf dem Kongress der Deutschen Vereinigung für Politische Wissenschaft. 4. bis 7. Oktober 1977. In Bonn.

Original pamphlet, written by a political scientist, argues that a woman's right to control her own body, and the central fact of woman's ability to reproduce, are profoundly political issues. It is critical of male establishment health care for women, describing alternative self-help groups. Well-documented from a variety of European and American sources. Presented at the ECPR Workshop "Women As Political Actors," Grenoble, France, April 7-11, 1978.

"Brustoperation 'es ist kein Krebs ... aber ...'"

Protokolle Nr. 19/20 1978. (See "Federal Republic of Germany")

Eine Frau erzählt, wie sie allerlei

Untersuchungen und schliesslich eine Brustoperation durchgemacht hat, nachdem ihr Arzt einen Knoten in der Brust festgestellt hatte.

A woman tells how she went through all kinds of tests and finally surgery after her doctor found a knot in her breast.

Complaints and Disorders: The Sexual Politics of Sickness

Barbara Ehrenreich and Dierdre English. The Feminist Press, Box 334, Old Westbury, NY 11568, USA. 1974. English. Or: Compendium, 240 Camden High St., London NW1, England.

The medical system is strategic for women's liberation. It is the guardian of reproductive technology--birth control, abortion and the means for safe childbirth. This booklet takes a highly critical look at the growth of the medical profession primarily in the USA during the nineteenth and twentieth centuries, and its role in oppressing women by either describing them as sick (middle and upper classes) or treating them as dirty and "sickening" (working class). It goes on to show the sophistication of the growth of psychiatry in the same context. This is a fine analysis, with illustrations, of the politics of medicine from a feminist perspective.

Crimes Against Women

Diana Russell and Nicole Van de Ven, eds. Les Femmes, 231 Adrian Rd., Millbrae, CA 94030, USA. 1976. English. \$6.95 plus \$.50 postage and handling.

Misdaden Tegen de Vrouw: Tribunal Brussel 1976

Feministiese Uitgeverij De Bonte Was, Postbus 10222, Amsterdam, Netherlands. 1977. Nederlands.

Crimini Contro Le Donne: Atti del Tribunale Internazionale

Casa Editrice Sonzogno, Milano, Italy. 1977. Italiano.

Documenting the testimony heard by the Brussels Tribunal on the institutional, cultural and criminal victimization of women throughout the world, this book is an electrifying account of the first International Tribunal on Crimes Against

Women. This Tribunal was held in Belgium in March 1976, with over 2,000 women from forty countries participating. Battering and rape are only the tip of the iceberg--Crimes Against Women reveals the appalling dimensions of what lies beneath the surface, including the experiments and abuses of the medical profession. The editors and compilers of this book were organizers and participants at the tribunal. They have donated the royalties of this book to help finance the International Feminist Network. (See "Basic Int'l Resource List")

"The fight to save St. Helen's"
Ros Capper and Phillida Bunkle. Broad-sheet, No. 63, October 1978. (See "New Zealand")

When the medical establishment attempted to close a Wellington maternity hospital and replace it with an expensive, high-technology facility, women of the community protested and organized to fight these attempts. Although unsuccessful, they provide a useful analysis of their experiences and the nature of medical control over women.

For Her Own Good: 150 Years of the Experts' Advice to Women

Barbara Ehrenreich and Deirdre English. Doubleday/Anchor Books, New York, NY, USA. 1978. English.

Vital feminist history of the rise of professional advisors to women during US industrialization. Exposes the unscientific basis of "scientific" expertise used to control women. Contains important lessons for women everywhere about the function of the professions in modern societies, including medicine, childrearing, nutrition, etc.

"A funny thing happened on the way to the orifice: A study of women in gynecology textbooks"

Diana Scully and Pauline Bart. American Journal of Sociology, Vol. 78, No. 4, November 1973. English.

Classic survey of current evidence of sexism and paternalism in the experts' own words.

Gewalt Gegen Frauen

Erica Fischer, Brigitte Lehmann and Kathleen Stoffi. Kiepenheuer und Witsch, Köln. 1977. Deutsch.

Inspired by and based upon testimonies given at the International Tribunal of Crimes against Women (Brussels, Belgium, March 1976), this excellent book gives a detailed analysis of violence against women in our society. The authors cover three major areas of violence against women: domestic/family violence, rape, and the violence committed by medical institutions against women (forced sterilization, breast removal, hysterectomy, drugs, medicalized birth, etc.). They give considerable space to describing and analysing women's initiatives, such as refuges for battered women, rape crisis centers, and self-help groups.

Gyn/Ecology: The Metaethics of Radical Feminism

Mary Daly. Beacon Press, 25 Beacon St., Boston, MA 02107, USA. 1979. English.

An important chapter on medical control over women and medical abuse of women is set in the larger framework of patriarchal society's varied rituals, which have damaged and enslaved women in all civilizations and all parts of the world. The role of male-created religions in providing justification or support for these rituals--Chinese footbinding, widow-burning in India, witch-burning in the Christian world, female genital mutilation in Africa, and recent gynecological surgeries --is exposed and documented, alongside Daly's celebration of triumphant female energy.

The Hidden Malpractice: How American Medicine Mistreats Women

Gena Corea. JOVE paperbacks, 757 Third Ave., New York, N.Y. 10017, USA. 1978.

Powerful, well-documented history of how male-dominated medicine took over control of women's basic reproductive functions in the U.S., and the abuses of women that have resulted. One of the best explanations for the rise of the women's health movement.

Kvinnohälsa - Din Kropp och hälsovården, en omvärdering (Women's Health - Your Body and the Health Care System Re-evaluated) (see "Sweden")

"The (Chicago) Maternity Center Story" (see "Audio-Visuals")

The Medical System As A Source of Sexist Ideology

Janice Burns. New Zealand, June, 1978. English. Available through BWHBC International packet.

Well-reasoned paper illustrates how the institution of medicine not only reflects and exaggerates society's basic sexism but also actively promotes and perpetuates distorted ideas about women and their needs. Detailed examples from the New Zealand system reinforce basic points, and include the roles of nurses and patients, drug company advertising, differential treatment of women with venereal disease, etc. Originally presented to Women's Studies Seminar on Women and Health, Victoria University of Wellington, June 1978.

"Medicine as an institution of social control"

Irving Kenneth Zola. In Sociology of Medical Practice, Carolyn Cox and Adrienne Mead, eds. Collier-Macmillan, New York, NY, USA. 1975. English.

Basic theoretical paper presents the institution of medicine in a deviance framework, showing how client dependency is created in a climate of control sanctioned by society, and how deviants are thus punished. Not focused on women, it nevertheless provides the model for understanding how medicine operates as the major institution controlling women in Western society.

Men Who Control Women's Health: The Mis-education of Obstetrician-Gynecologists

Diana Scully. Houghton Mifflin Company, 2 Park Street, Boston, MA 02107, USA. 1980. \$10.95.

New sociological study of the training of obstetrician-gynecologists in the U.S., showing unmistakably how their surgical

orientation, combined with the inherent sexism of medicine, fails to meet the basic health care and medical care needs of women. Extensive interviews with physicians in training reveal their need to perform surgery, and their increasing skill in negotiating opportunities to do so, whether or not it is necessary or in the best interests of women. Good section on strategies for change stresses increased scrutiny of physician performance, use of midwives, and other basic changes in the American health system. Central to these is increased information and control by laywomen.

The New Internationalist

No. 50, April 1977. 62a High Street, Wallingford, Oxon OX10 0EE, England. Annual subscription: individuals, UK - £ 8.70, Europe £ 9/\$20, rest of the world - £ 14.50/\$30 airmail, £9/\$20 surface. Institutions UK - £ 22.50, rest of the world - \$50.

This whole issue deals with health, with an emphasis on developing countries, and the "disease of poverty." Gives, via a variety of articles, a clear perspective on the problem of health control.

The New Internationalist exists to report on the issue of world poverty; to focus attention on the unjust relationship between rich and poor world; to debate and campaign for the radical changes necessary within and between nations if the basic needs of all are to be met. It frequently covers issues like food, health, multinationals, population; although not specifically from a women's perspective, gives useful information and analysis.

"Political gynecology: gynecological imperialism and the politics of self-help"

Susan Bell. Science for the People, September/October 1979. 897 Main St., Cambridge, MA 02139, USA. English. Single issue \$1.00.

Article focuses on experiences of a group of feminists involved in a program to teach pelvic examinations to medical students. Raises important questions

about instituting change in the medical system, working for short-range reforms versus long-term radical change, and the problem of cooptation.

"A report on the delivery room and obstetrics ward of the Soroka Medical Centre" (see "Pregnancy and Birth")

"Schwangerschaft/Geburt/Wochenbett" Ilone Kickbusch, Sabine Schafft. Forum für Medizin und Gesundheit, Frühjahr 1980. Berlin.

Einige Forschungsperspektiven auf dem Hintergrund der Diskussion um die Humanisierung medizinischer Dienste, mit einer historischen analyse des Hebammenberufes.

An examination of the control of women by the medical profession in the area of pregnancy and birth, with a historical analysis of the practice of midwifery; current developments in technology and in women's initiatives against it, with proposals for further research into ways of "humanising" health services by making them user-oriented.

Sensible Women (see "Women as Paid and Unpaid Health Workers")

"Structural Analysis of Health" (see "Audio-Visuals")

"Taking Our Bodies Back: The Women's Health Movement" (see "Audio-Visuals")

Terug Naar Je Lijf (Back to Your Body) edited by the Studium Generale of Rotterdam, Postbus 1738, Rotterdam, Nederland. 1977. Nederlands.

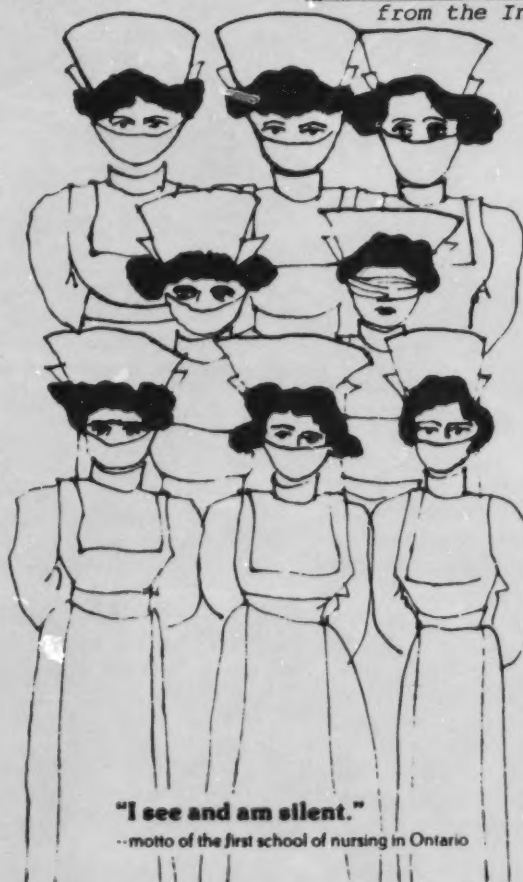
Dit boekje gaat over de manier waarop vrouwen door mensen werkzaam in de medische sektor, worden gecontroleerd. Het boekje is samengesteld door een groep vrouwen en op een symposium gepresenteerd. De ondertitel is: "Hoe Tante Sjaan gedwongen werd gebruik te maken van de gezondheidszorg, en daar niet goed van werd...". De artikelen gaan over de relatie tussen vrouwen en artsen, over bevallingen, therapie groepen en gezondheids centra voor vrouwen.

Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counsellors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, travelling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called "wise women" by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright.

Today, however, health care is the property of male professionals.

Our subservience is reinforced by our ignorance, and our ignorance is *enforced*. Nurses are taught not to question, not to challenge. "The doctor knows best." He is the shaman, in touch with the forbidden, mystically complex world of Science which we have been taught is beyond our grasp. Women health workers are alienated from the scientific substance of their work, restricted to the "womanly" business of nurturing and housekeeping—a passive, silent majority.

---Witches, Midwives, and Nurses
from the Introduction



"I see and am silent."

--motto of the first school of nursing in Ontario



The story of the rise of the psychomedical experts—the doctors, the psychologists, and sundry related professionals—might be told as an allegory of science versus superstition: on the one side, the clear-headed, masculine spirit of science; on the other side, a dark morass of female superstition, old wives' tales, rumors preserved as fact. In this allegorical version, the triumph of science was as inevitable as human progress or natural evolution: the experts triumphed because they were right.

But the real story is not so simple, and the outcome not so clearly "progressive." It is true that the experts represented a less parochial vision than that of the individual woman, submerged in her family and household routines: the experts had studied; they were in a position to draw on a wider range of human experience than any one woman could know. But too often the experts' theories were grossly unscientific, while the traditional lore of the women contained wisdom based on centuries of observation and experience. The rise of the experts was not the inevitable triumph of right over wrong, fact over myth; it began with a bitter conflict which set women against men, class against class. Women did not learn to look to an external "science" for guidance until after their old skills had been ripped away, and the "wise women" who preserved them had been silenced, or killed.

The conflict between women's traditional wisdom and male expertise centered on the right to heal. For all but the very rich, healing had traditionally been the prerogative of women. The art of healing was linked to the tasks and the spirit of motherhood; it combined wisdom and nurturance, tenderness and skill.

All but the most privileged women were expected to be at least literate in the language of herbs and healing techniques; the most learned women traveled widely to share their skills. The women who distinguished themselves as healers were not only midwives caring for other women, but "general practitioners," herbalists, and counselors serving men and women alike.

The historical antagonist of the female lay healer was the male medical professional. The notion of medicine as a *profession* was in some ways an advance over the unexamined tradition of female healing: A profession requires systematic training, and, at least in principle, some formal mechanisms of accountability. But a profession is also defined by its *exclusiveness*, and has been since the professions of medicine and law first took form in medieval Europe. While the female lay healer operated within a network of information-sharing and mutual support, the male professional hoarded up his knowledge as a kind of property, to be dispensed to wealthy patrons or sold on the market as a commodity. His goal was not to spread the skills of healing, but to concentrate them within the elite interest group which the profession came to represent. Thus the triumph of the male medical profession is of crucial significance for our story: it involved the destruction of women's networks of mutual help—leaving women in a position of isolation and dependency—and it established a model of expertism as the prerogative of a social elite.

---For Her Own Good: 150 Years of the

Experts' Advice to Women by Barbara

Ehrenreich and Dierdre English,
Doubleday/Anchor, New York, USA

Prepared by a group of women and presented at a symposium, this booklet deals with the control of women by the medical profession. It is subtitled: "How Aunt Sjaan was forced to use the health system, and didn't get better...." The articles deal with the relationship of women and doctors, childbirth, therapy groups and women's health centers.

Visita Ginecologica

Gruppo Femminista per la Salute della Donna. (See "Italy") 1979. Italiano. Lire 1000.

Questo opuscolo, preparato da un gruppo di "self-help," describe che cosa dovrebbe comprendere una visita ginecologica, e mostra la diversità esistente tra questo modo proposto dal gruppo e la realtà.

Prepared by a self-help group, this booklet describes what a gynecological examination ought to include, showing the gap between this and reality.

Witches, Midwives and Nurses - A History of Women Healers (see "Women As Paid and Unpaid Health Workers")

"Women and health service in Morocco" Fatima Mernissi. ISIS International Bulletin No. 7, 1978. (See "Basic International Resource List")

This extract from a longer study (in French) of the relationship between the users and the health system in Morocco looks at how and why women (who are mostly illiterate) are by far the greatest users and describes what this implies for them in terms of their role in society.

"Women and Medicine" (see "England")

"The Women's Health Movement" (see "USA")

(B) WOMEN AS PAID AND UNPAID HEALTH WORKERS

"Alternative clinics: A base for fighting back"

Janet Cuddihy. Union WAGE, January/February 1980. (See "USA")

Experience of a woman who worked almost four years in a women-controlled, worker-controlled feminist health clinic. Discusses both positive and negative aspects of working in an alternative setting while trying to push for radical change.

AMERICAN COLLEGE OF NURSE-MIDWIVES (see "USA")

APM Newsletter (see "Pregnancy and Birth")

ASSOCIATION OF RADICAL MIDWIVES (see "England")

Doctors Wanted: No Women Need Apply: Sexual Barriers in the Medical Profession 1835-1975

Mary Roth Walsh. Yale University Press, 92A Yale Station, New Haven, CT 06520, USA. 1978.

This thorough history documents how the numbers of women physicians rose and fell during America's first wave of feminism and the critical period of transition to modern, allopathic medicine. It analyses the women physicians' sources of support from other women and exposes the power of male physicians' prejudice which eventually maneuvered the women physicians into virtual extinction. The book closes as the current wave of feminism is again bringing rising numbers of women into U.S. medical schools.

Dokumentation

Koreanische Frauengruppe in der Bundesrepublik Deutschland, c/o Won-Hea Feussner-Kang, Adelzereiterstr. 15, 8000 München 2, Bundesrepublik Deutschland (Federal Republic of Germany).

Dokumentation über die Lage und organisierte Aktion von südkoreanischen Krankenschwestern in der BRD, einschliesslich Korrespondenz zwischen der koreanischen Frauengruppe und Ministerien und Behörden der deutschen Regierung.

Collected documentation on the situation and organized action of South Korean nurses in West Germany, including reproduction of correspondence between the Korean Women's Group and the various

ministries and officials of the German Government.

"Expulsion of Korean Nurses from West Germany"

ISIS International Bulletin No. 14, 1980.
(See "Basic International Resource List")

Description of the working and living conditions of South Korean nurses in West Germany, the politics behind their coming to Europe, and their organised action against being expelled from West Germany.

"Extending maternal and child health services"

Margaret Narayan. Christian Medical Association, Child Health and Family Planning Programme, No. 21 Christ Church Parsonage, Vikramaditya Marg, Lucknow, India.

Gives detailed description of a rural health program (funded by the Christian Medical Association) in Uttar Pradesh: how the women have participated, how their vision of health has changed.

"The false promise: professionalism in nursing"

The Boston Nurse's Group. New England Free Press, 60 Union Square, Somerville, MA 02143, USA. English. \$.75, single copies.

Honest, well-researched report analyses the forces within medicine and the hospital empires which divide nurses from one another, blocking the development of necessary solidarity. Union-busting, departmental divisions, racial and sexual segregation, as well as divisions by class and training are illustrated, primarily from U.S. sources. The article concludes that nurses need to abandon the professional dream, join with all hospital workers in unions to get better health care and working conditions.

Getting Stronger: Women Workers Organize the Abortion Clinics

By women workers in abortion clinics. Red Sun Press, 51 Bristol St., Boston, MA 02118, USA. 1978. English. \$3.50.

First-hand experiences of women trying to improve both working conditions and client

care at abortion clinics. Their unionizing efforts mobilized widespread community support and helped to expose the profit-making nature of even "non-profit" clinics.

"Health auxiliary workers: Their training, supervision and evaluation"

Zafrullah Chowdury. Paper presented at the 20th International Hospital Congress, Tokyo, Japan. May 22-27, 1978. (See Gonoshasthaya Kendra, Bangladesh)

Describes the important role of auxiliary health workers, in many respects more valuable to their communities than physicians.

"Health care and healing: A womanly tradition"

Mary Howell. Speech given at 1978 meeting of the American Medical Student Association. Available for \$1.00 from Boston Women's Health Book Collective (see "Basic International Resource List")

Contrasts the concept of healing as taught in conventional medical education with concepts of health and healing more firmly rooted in the ancient heritage of women healers. The author describes what she has learned from working with mothers and children, from viewing health as a "process" rather than a manufactured "product." A feminist, humanist perspective.

"I Am Somebody" (see "Audio-Visuals")

"Indigenous midwives in Lebanon"

Mary Chamie and Jamal Harfouche. In The Organization of Family Planning Programs: India, China, Costa Rica, Venezuela, Lebanon, 1976, Washington, D.C., Smithsonian Institution. English.

Important investigation of midwives (dayahs) shows striking similarities to other countries where legal, Western-trained birth attendants--doctors or midwives--are in competition for clients with illegal attendants. Instead of being given training, the illegal midwives are ostracised. Their clientele, however, have no power to influence the government to train and legalize their preferred,

and frequently the only available, attendants.

"Mother and child in Bangladesh" (see "Self-Help and Healing Ourselves")

"Nous les infirmières"

Marie-Françoise Collière. Autrement No. 9, Mai 1977 ("Francs - tireurs de la médecine"). 120 Bd. Saint-Germain, Paris 75006, France.

Une article écrit par une infirmière chargée de la formation à l'école internationale d'enseignement infirmier de Lyon. Elle montre comment le rôle du personnel soignant et principalement de l'infirmière s'est modifié avec le développement d'une technologie médicale tendant à limiter la maladie à des causes organiques. Présentation d'expériences tentant de réduire la parcellisation des soins. Difficultés rencontrées et nécessité de détruire les images traditionnelles de l'infirmière, une femme, par rapport au médecin, un homme maîtrisant la technique.

This article by a French nurse looks critically at the role of health workers in the context of a highly developed medical technology. Alternatives as initiated by groups of health workers are presented as well as the difficulties encountered in such attempts. It emphasizes the necessity to break the image of the nurse, most of the time a woman, in relation with the medical doctor, a man who dominates technology.

"Nursing: The Politics of Caring" (see "Audio-Visuals")

Public Health and People's Participation:
The Berhampur Experience

Sr Mariam D.C., Diocese of Berhampur. Available from: Indian Social Institute, Programme for Women and Development. Lodi Road, New Delhi, India.

Description of a project to train village health workers (mostly women) in remote rural areas of Orissa, India. Programme covers basic health, nutrition, mother and child care, first aid, home nursing, hygiene and sanitation; also growth and

transmission of disease organisms, detection and prevention of common diseases and natural family planning.

THE ROYAL COLLEGE OF MIDWIVES (see "England")

"Runaway training"

Mila Lahoz. New Internationalist, April 1978. (See "England")

"Training doctors in poor countries for high technology medicine diverts scarce resources away from the poor. Over-qualified personnel don't want to work in poor areas--what they want to do is migrate overseas."

Salubritas

International Health Programs, American Public Health Association, 1015 15th St., NW, Washington, DC 20005, USA. Quarterly. English, Spanish, and French. Free to persons or groups involved in the delivery or support of public health services in the developing countries.

An information exchange among health workers in developing countries. Covers wide range of topics. Funded by US AID (Agency for International Development).

Sensible Women (Not All Doctors Want to be Men): Australian Women in Medicine

Written by female medical students from Sydney, Hobart, Brisbane, and Adelaide. Copyright 1978 by Sydney Women's Health Students Group. Enquiries to the Sydney University Medical Society, Blackburn Building, Sydney University, NSW 2006, Australia. English.

Came out of the first National Women Health Students Workshop held in Melbourne in 1976. Powerful analysis of Australian medical system, with particular focus on the training of physicians and the treatment of women by that system.

"This is nursing"

Wendy Edmond and Suzie Fleming, eds. Section in All Work and No Pay--Women, Housework, and the Wages Due. Falling Wall Press Ltd., 79 Richmond Rd., Montpelier, Bristol, B56 5EP, England. 1975.

Section includes following chapters:
 "A job like any other," "Breaking the chain of command," "The home in the hospital."

The Village Health Promoters of Raigarh - Ambikapur in Madhya Pradesh, India
 Sister Basil. c/o Bishop's House, P.O. Kunkuri, 496225 Madhya Pradesh, India. January 1980. English.

Description of a training programme (supported by the Catholic Church) for village health promoters. VHPs are taught to teach basic hygiene sanitation, nutrition, mothercraft, and natural family planning; to recognize common diseases for referral to the health centres; to give first aid.

Gives evaluation: first camp training session was held in February 1975 and 60 courses have been completed since then. The writer finds the scheme successful.

Why Would a Girl Go into Medicine?
 Margaret Campbell, M.D. The Feminist Press, Box 334, Old Westbury, NY 11568, USA. 1974. English.

Systematic study of discriminatory practices against women medical students and women patients in major US medical schools. Written by a woman physician.

Witches, Midwives and Nurses--A History of Women Healers

Barbara Ehrenreich and Deirdre English. The Feminist Press, Box 334. Old Westbury, NY 11568, USA. 1973. \$2.50.

In England: Compendium, 240 Camden High Street, London NW1, England.

Sorcières, Sage-Femmes et Infirmières-- Une Histoire des Femmes et de la Médecine (traduction québécois)

Traduit par Lorraine Brown et Catherine Germain. 4801 Henri Julien, Montreal, Quebec, Canada. Français.

Traduit par "Echanges et Mouvements." 1978. B.P. 241, 75866 Paris. Cedex 18, France. Français.

Also in German, available from Frauen-offensive, Munich, Germany.

A classic introduction to the women's health movement's origins in the middle ages, describing women's central role as

healers and their persecution by the leaders of organized religion. Continues to the 19th century, through early USA struggles over midwifery, and the Popular Health Movement, which ended with the domination of all-male, modern, allopathic medicine.

Women in Medicine Newsletter

Women in Medicine Task Force, American Medical Student Association, 14650 Lee Rd., Box 131, Chantilly, VA 22021, USA. Subscription: \$5.00/year.

Includes news, updates, calendar, and resources relevant to women medical students. The Task Force provides a network and ongoing support for women medical students, especially feminists attempting to challenge the sexism in medical education.

ADDENDA(to "Control, Etc.)

The American Health Empire: Power, Profit and Politics (see "USA")

Disabling Professions

Ivan Illich, Irving Zola, et al. Marion Boyars, 18 Brewer St., London, England; Merrimack Book Service, 99 Main St., Salem, NH 03079 USA. \$4.95 plus postage. 1978.

Anthology from a variety of disciplines indicts the modern professionals for their usurpation of power over our lives, and demonstrates how crippling our dependence upon them has become. Not focused on women, it provides many useful insights for analyzing the situation of women in developed societies, and shows the trend for developing countries. Important companion volume to For Her Own Good and The Cultural Crisis of Modern Medicine.

Medical Nemesis: The Expropriation of Health

Ivan Illich. Pantheon (Random House), 201 E. 50th St., N.Y. NY 10022, USA. Also paperback, Marion Boyars, Ltd. 18 Brewer St., London, England (1975); Le Seuil, Paris, France, 1976; Arnoldo Mondadori Editore, Milano, Italia, 1977; Rowohlt Taschenbuch Verlag, '77. Also in Spanish, many other languages.

Classic radical analysis of the multi-dimensional iatrogenesis(illness caused by medicine)which the modern institution creates in all of us. Though women are scarcely mentioned,Nemesis provides a framework in which to examine women's health and medical care, perhaps the most spectacular illustration of the "medicalization"thesis expounded here. Indispensable.

The Third World as Laboratory

The procedure is somewhat standardized. The large university offers job opportunities and attractive side benefits to young professionals, and approaches the underdeveloped, overpopulated country with a plan related to health, nutrition, and family planning, financed in large part, if not entirely, by the U.S. Government officials from the host country, while maintaining their government offices, are employed by the U.S. university project in limited number. This gives the project the necessary "in" with the local government, while at the same time not being required to sacrifice any real control. No national is trained to the point where he could assume responsibility for the project independent of the foreign power.

The project gains in stature and fame. Studies are made and published reports are given, statistics are compiled, with the local population all the while furnishing an excellent laboratory for ambitious young foreigners and the prestige and fund-conscious university.

Avoiding Solutions

What are the benefits accruing to the underdeveloped host nations? In the line of scientists trained to carry on the work, it is nil. Further, the preponderance of foreign research stultifies any growth of local efforts, making a monopoly of health science. The population is used, while effective solutions to the problems of health and family planning are subtly avoided. This avoiding the real solution is an art that American medical researchers are often forced to practice in the U.S. Incredible sums of money are spent seeking cures for such killers as hypertension and cancer, cures which the scientist knows must be avoided, for in the U.S., as here, discovering the real solution would lead to a radical change of the life style and economic system, and place in a rather uncomfortable position the men who control research.

Zafrullah Chowdhury. From "Research: A Method of Colonization." Bangladesh Times, 13-14 January 1977.



3.
 PREGUNTAS SOBRE LA REPRODUCCION
 AUTOUR DE LA REPRODUCTION
 FRAGEN ZUR FORTPFLANZUNG
 ARGOMENTI DI RIPRODUZIONE
 REPRODUCTIVE ISSUES

WOMEN UNDER ATTACK:
 ABORTION, STERILIZATION
 ABUSE AND
 REPRODUCTIVE FREEDOM
 C.A.R.A.S.A.
 (USA)

When we say women must have reproductive freedom, we mean the possibility of controlling for themselves, in a real and practical way—that is, free from economic, social, or legal coercion—whether, and under what conditions, they will have children. This freedom should belong to women first and foremost because it is they who, in society as it is presently set up, have the primary responsibility for caring for children. As long as women are socially defined as primary child-rearers, control over the terms and means of pregnancy and childbirth will remain a necessary condition for their participation in other spheres of social life. In addition, it is women's bodies upon which abortions, the vast majority of sterilizations and other pregnancy-related procedures are performed. These facts are not true of any other group in society—not fathers, not doctors, not the Church, not judges or legislators or bureaucrats.

Reproductive freedom means the freedom to have as well as not to have children. Policies that restrict women's right to have and raise children—through forced sterilization or the denial of adequate welfare benefits—are directly related to policies that *compel* women to have children, on the view that this is their primary human function.

In women's struggle for liberation, for the right of self-determination, the issue of control over our own bodies, control over the means of reproduction plays a central part. It is a basic aspect of our health and of our liberation, although it must be seen in the larger socio-economic, political and cultural context of our lives. The battle for reproductive freedom must be fought in relation to and as part of the larger struggle. At times, issues such as access to birth control and abortion have been seen in isolation by the women's movement which has led to some serious errors of tactics and even strategy, damaging in the long run the cause of self-determination.

Birth control has had several social purposes in its long history, two of which have been dominant: 1) to increase the freedom of women by giving them control over their bodies and reproduction 2) to control population growth for various reasons (economic, political, social). We are using the term "birth control" here to indicate the first purpose, i.e. reproductive self-determination.

Today, however, the population control establishment has come to dominate the means of contraception. The motivations of the population controllers are not homogeneous. Some sincerely believe that overpopulation, rather than the unequal distribution of resources, is the cause of hunger and misery, of the scarcity of resources in the world. They may even believe they are acting in the best interests of women and contributing to their emancipation. Others are very clear about the economic, political and social

reasons for wanting to control population growth, particularly of the poor majorities of Third World countries who form a potential danger to the status quo.

Population control is the antithesis of the women's movements' campaigns for birth control. The struggle for birth control (i.e. reproductive freedom) and the struggle against population control are one and the same struggle.

At times birth control and abortion have been seen as single issues, fought for in isolation. This has prevented women from attaining the goal of real reproductive freedom. In oppressive political and economic situations where the vast majority of the population lack the basic necessities of life and access to health care, there is no freedom of choice, no possibility to control our bodies. In industrialized countries where there are inadequate child care facilities and employment is an economic necessity, there is no freedom of choice. Moreover, the history of abortion laws and access to contraception in the USSR and Eastern Europe show that socialism is no guarantee of a women's right to control her own body. Women's reproductive freedom has been sacrificed to economic policy and ideological needs.

Women all over the world are increasingly seeing the issues of birth control, abortion, population control and sterilization abuse as issues of reproductive freedom and self-determination. European and North American women are not only demanding voluntary birth control and abortion but organizing against sterilization abuse and population control. They have also been in the forefront of revealing and

denouncing the role of the pharmaceutical industry and the population control establishment in testing and using harmful contraceptive drugs on Third World women. Women in the Third World are not only fighting coercive population control but demanding access to safe means of controlling their reproduction and bodies. These battles are not being fought in isolation but, in the context of our social, political and economic situations, as part of the struggle for liberation.

This unity of struggle has sometimes been obscured, however, partly because feminist birth control movements have been concentrated largely in the industrialized countries of Europe

and North America while population control is aimed at women in the Third World, or Third World women living in industrialized countries (e.g. Puerto Ricans, Blacks and Native Americans in the USA). European and North American feminists have not always been quick enough in perceiving the danger of population control, of dissociating themselves from it and fighting it. Third World victims of population control have sometimes identified it with the feminist birth control movement. The male-controlled political and economic interests who wish to maintain control over women have capitalized on this situation to divide women.

ISIS International Bulletin No. 7, Spring 1978

WOMEN UNDER ATTACK:
ABORTION, STERILIZATION
ABUSE AND
REPRODUCTIVE FREEDOM
C.A.R.A.S.A.
(USA)

Abortions have been performed by women and on women, safely and at great personal risk, openly and in secret, for many centuries. Until the 19th century, most people, including many Catholic theologians, thought abortion before "quickening" (when the fetus begins to move) neither immoral nor unnatural. Even when abortion is illegal or highly restricted or conducted under physically and socially hazardous conditions, women continue to seek abortions in large numbers. Moreover, the abortion rate has continued to increase even though modern methods of contraception have become widely available. Yet no woman enjoys going through an abortion. No matter how technically sophisticated or physically safe, it is an emotionally charged and difficult experience. Why, then, do women seek abortions?

While many people think that the rising abortion rate is the result of liberalized abortion laws, the reality is more complex. Demographic studies show that birth rates go down—and abortion rates go up—because of many factors over which individuals by themselves have little control, such as industrialization, changes in sexual norms, available birth-control methods, economic conditions, unemployment, and women's increasing participation in the work force. In other words, abortion is a *historical and social* question, not solely a moral and religious one.

The issue of birth control in general is extremely important in regard to abortion.

Genuine control over one's own reproductive life must mean, among other things, the universal availability of good, safe, cheap birth control; and adequate counseling for *all* women and men about *all* currently existing methods. It must mean adequate abortion services and an end to involuntary sterilization. It must mean the availability to *all* people of good public childcare centers and schools; decent housing, adequate welfare, and wages high enough to support a family; and of quality medical, pre- and post-natal and maternal care. It also must mean freedom of sexual choice, which implies an end to the cultural norms that define women in terms of having children and living with a man; an affirmation of people's right to raise children outside of conventional families; and, in the long run, a transformation of childcare arrangements so that they are shared among women and men. Finally, all these aspects of reproductive freedom must be available to *all* people—women, minorities, the disabled and handicapped, medicaid and welfare recipients, teenagers, everyone.



WomenWise: USA

ABORTION: THE ISSUE FOR THE 1970s AND THE 1980s

Prior to 1974, most New Zealand women who wanted an abortion went to Australia. A few women were able to get abortions in private or public hospitals on grounds of a serious danger to mental or physical health, but this was rare. In 1974, the Auckland Medical Aid Centre (AMAC) was opened by abortion activists. It provided early safe termination of pregnancy at a reasonable cost. SPUC, through legislative pressure (the Wall Bill and the Hospital Amendment Act) attempted to force the closure of AMAC. They also organised other actions and were responsible for the seizure of files by the police. This action led to a court hearing about the legality of operations, at which AMAC was vindicated.

The Labour government established a Royal Commission on Contraception, Sterilisation and Abortion to make recommendations to parliament. Its recommendations totally disregarded the rights of women in this area, and its views became embodied in the Contraception, Sterilisation and Abortion Act (1978). This act effectively forced the closure of AMAC by introducing stringent criteria for obtaining an abortion, including the approval of two certified consultants. This made it difficult, often impossible, for New Zealand women to get legal terminations in New Zealand. Most New Zealand women, 4,000 at a minimum to date, must now fly to Australia at a cost of at least \$600 for an abortion. The CSA act also affected the teaching of sex education in schools and the right of health workers to give sex/contraceptive advice. Since the passage of the act, women in New Zealand have established SOS (Sisters Overseas Services), a self-help abortion referral service. There are some fourteen SOS branches throughout New Zealand referring women to good Sydney clinics. Women in New Zealand also organised a repeal petition which gathered the largest number of signatures of any petition but which was ignored by parliament. A priority for the 1980s must be a change to the law, allowing women freedom of choice in this area.

--by Sarah Calvert
February 1980

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PREGUNTAS SOBRE LA REPRODUCCION
AUTOUR DE LA REPRODUCTION
FRAGEN ZUR FORTPFLANZUNG
ARGOMENTI DI REPRODUZIONE
REPRODUCTIVE ISSUES

(A) GENERAL

Accion

ALIMUPER (Accion para la Liberacion de la Mujer Peruana), Apartado 22111, Lima 100, Peru. Nr. 4, March 1979. Espanol.

This issue of the newsletter of the feminist group ALIMUPER deals with the issues of abortion, contraception, and population control in Peru.

Este número del boletín del grupo feminista ALIMUPER trata el tema del aborto, contracepción, y control de la población en el Perú.

Boletim da Campanha Nacional pelo Aborto e Contracepção (Bulletin of the National Campaign for Abortion and Contraception) (see "CNAC," "Portugal")

Uma publicação bimensual da CNAC. Apresenta os problemas e as posições da CNAC, inclui entrevistas com mulheres sobre as suas experiências com seus abortos. Este boletim tem a intensão de ser uma maneira para as mulheres exprimirem suas opiniões e para lutarem para o controle de seus corpos, o direito ao aborto e a contracepção.

A bimonthly publication of CNAC. Discusses the issues and positions of CNAC, includes interviews with women about their experiences with abortion. It proposes to be a forum for women to express their views and fight for the control of their bodies, the right to abortion and contraception.

BPAS Newsletter
(see "England")

Birth Control and Controlling Birth: Women's Perspectives (Volume I) and The Custom-Made Child? Women's Perspectives (Volume II)*

Helen B. Holmes, Betty B. Hoskins, and

Michael Gross, eds. Humana Press, Crescent Manor, P.O. Box 2148, Clifton, NJ 07015, USA. 1980. English. \$12.95 H, \$5.95 P, each.

Women themselves discuss the ethical issues involved in aspects of reproduction which concern them most vitally. Contraception, sterilization, and childbearing practices and abuses are covered in Volume I. Volume II presents for the first time women's views on some of the techniques which may control human reproduction in the future: hormones, pre-natal diagnosis, neonatal intensive care, sex pre-selection, test-tube fertilization, etc. Both books make clear why control of these programs needs to be in women's hands.

*Based on the proceedings of the workshop, Ethical Issues in Reproductive Technology; Analysis by Women, June 24-29, 1979. Amherst, MA, USA.

CAMPANHA NACIONAL PELO ABORTO E CONTRACEPÇÃO (CNAC) (see "Portugal")

CARASA (see "USA")

Carasa News

CARASA, 286 Park Ave. So. Rm. 1502, New York, NY, 10016, USA. Subscription: \$10.00/year

Communications medium for members and committees of CARASA (Coalition for Abortion Rights and Against Sterilization Abuse). Includes reports and updates on abortion rights, population control, and sterilization abuse.

CHOISIR (see "France")

Contraception, Avortement

Des Femmes du MLF, Mouvement de Liberation des Femmes, Case Postale 111, 1227 Carouge, Suisse (Switzerland), Mars 1975. Francais. SFr.3.00.

Brochure sur la lois et les méthodes d'avortement à Genève, présentant aussi les revendications et les luttes sur l'avortement du MLF; et une deuxième partie

sur la contraception (neuf méthodes différentes), la sexualité et l'autonomie des femmes, et l'examen gynécologique.

Brochure on the law and methods of abortion in Geneva, including the actions and demands of the women's movement on abortion. A second section deals with contraception (nine different methods), women's sexuality and autonomy and the gynecological examination.

LES FRONDEUSES
(see "Switzerland")

INTERNATIONAL CONTRACEPTION, ABORTION,
AND STERILIZATION CAMPAIGN (ICASC)
(see "Basic International Resource List")

ICASC Information
374 Grays Inn Rd., London WC1, England.
English, French, and Spanish. 3 issues/
yr.: \$1.50 (Asia, Africa, Latin America,
Spain, Portugal, and Greece); \$1.80
(North America, Europe, Australia, and
New Zealand).

International newsletter of the International Contraception Abortion Sterilization Campaign (ICASC). Brings together news of actions of different national groups fighting for abortion, contraception, and against forced sterilization, and reports on actions, campaigns, and the status of laws in different countries. No. 1, January 1980, covers Australia, Britain, Colombia, Czechoslovakia, France, Guatemala, Holland, Hungary, Ireland, Israel, New Zealand, Peru, Portugal, Puerto Rico, Spain, South Africa, and United States.

La Médecine Désordonnée: d'une pratique de l'avortement à la lutte pour la santé
LeGIS (Groupe Information Santé).
Editions Solin, 1, rue des Fossés
St. Jacques, 75005 Paris. 1974. Français

"Latin America: Control of Reproduction"
(see "Population Control")

Pro Familia Informationen
(see "Federal Republic of Germany")

"Regarde, Elle A Les Yeux Grand Ouverts"
(see "Audio-visuals")

Sesso Amaro
Editore Reunite, Via Serchio 9 II, 00198,
Roma, Italia. 1977. Italiano.

Maternity, sexuality, and abortion are the main themes of this book which is based on conversations and discussions with thousands of women who have taken part in meetings of the Union of Italian Women (UDI).

La maternità, la sessualità e l'aborto sono i temi principali di questo libro basato su conversazioni e discussioni con migliaia di donne durante incontri ed esperienze varie dell'UDI (Unione Donne Italiane).

A New View of a Woman's Body
(see "Self-Help and Healing Ourselves")

"Sex, family, and the new right: anti-feminism as a political force"
Linda Gordon and Allen Hunter. Radical America, November 1977 and February 1978.
English.

The authors explore the belief system and the ideological roots of the opposition to the liberation of women, especially abortion, among America's working class. The family, they suggest, is romanticized and idealized as a bulwark against overwhelming feelings of powerlessness in all other areas of their lives.

Women and Child Care in China:
A Firsthand Report
Ruth Sidel. Penguin Books, Inc., 711
Ambassador Road, Baltimore, MD 21207,
USA. English. 1973.

One of the best overall reports on childbearing and childrearing in post-revolutionary China, based on a one-month visit in 1972. Chapter Three, "Marriage, Pregnancy, and Childbirth" gives the specifics on sexuality, birth control, abortion, childbirth, breastfeeding, and infant care and feeding.

Women and The Crisis in Sex Hormones
Barbara and Gideon Seaman. Bantam Books,
New York, NY, USA. 1978.

Most complete feminist work on the topic, including all major contraceptives.
Exposes link between U.S. government, the

drug industry, and medical researchers. Includes information on side-effects, alternatives, and care after discontinuation of the Pill, menopausal estrogens, etc.

Women's Health in Women's Hands
(see "Self-Help and Healing Ourselves")

(B) SEXUALITY

An Analysis of Human Sexual Response
Ruth and Edward Brecher. Signet Books, Box 999, Bergenfield, NJ 07621, USA. 1966.

Classic, clearly written analysis of the first Masters and Johnson study on human sexual response. Contains sections on other sex research, practical applications of sex research, and sex research and our culture.

The Coming Out Stories
Julia Penelope Stanley and Susan Wolfe, editors. Persephone Press, Box 7222, Watertown, MA 02172, USA. \$6.95 plus \$1.00 postage.

Collection of 42 autobiographical "coming out" stories--covers lesbian experiences in the USA for over 50 years.

The Feminine Mystique
Betty Friedan. Dell, New York, USA. 1963. English.

Classic work on how American women are manipulated into seeing themselves as exclusively wives and mothers, with well-documented portraits of some of the manipulators. Many implications for women in industrializing countries.

"Femmes entre elles", lesbianisme
Les Cahiers du Grif No. 20, Avril 1978.
(see "Belgium")

Un numéro entier sur le lesbianisme, une collection de récits personnels.

A whole issue devoted to lesbianism, mainly personal stories.

For Yourself--The Fulfillment of Female Sexuality
L.G. Barbach. Doubleday, 245 Park Ave, New York, NY 10017, USA. 1975.

Written for "pre-orgasmic" women. An excellent resource on female sexuality for all of us.

Free and Female
Barbara Seaman. Fawcett Publications, Fawcett Building, Greenwich, CT 06830, USA.

One of the first books to look at sexuality and health from a feminist perspective, summarizing the recent findings from sex researchers, and showing how U.S. obstetrician-gynecologists may frequently interfere with both health and sexuality. Also includes a brief discussion of parenting.

The Hite Report
Shere Hite. MacMillan, 866 Third Ave., New York, NY 10022, USA. 1976. Dell paperback, 1977.

Nationwide survey in USA (involving over 3,000 women) which challenges some current stereotypes about female sexuality.

Liberating Masturbation: A Meditation on Self-Love
Dodson, Betty. Bodysex Designs, Box 1933, New York, NY 10001, USA. 1974. \$4.00

Very fine resource on female masturbation. Supportive and encouraging, including many useful suggestions.

Mädchen
Antje Kunstmann. Frauenbuchverlag, Kreitt Mayrstrasse 26, 8000 München 2, Bundesrepublik Deutschland (Federal Republic of Germany) 1976.

Illustrierte Aufklärung über sexuelle Vorgänge für junge Mädchen. Ueber den Körper, Petting, und Geschlechtsverkehr, Befruchtung und Fortpflanzung, Verhütungsmittel, Abtreibung. Zusammenhang zwischen Sexualität und Stellung der Frau.

Illustrated book on sexuality for girls. On bodies, petting and sexual intercourse, fertility and conception, contraception, abortion. Relationship between sexuality and the situation of women.

MULTI-MEDIA RESOURCE CENTER
(see "USA")

Nationalität Lesbisch

Jill Johnston, Amazonen Frauenverlag, Verlag Gaebriele Meixner, Kantstrasse 125, 1 Berlin 12, Bundesrepublik Deutschland, (Federal Republic of Germany). 1976.

NATIONALITY: LESBIAN

Our Right to Love - A Lesbian Resource Book

Ginny Vida, ed. Produced in cooperation with women of The National Gay Task Force (USA). Prentice-Hall, Englewood Cliffs, NJ, USA. 1978. \$12.95.

Long, wonderful, well-illustrated, and well-referenced. Includes material on lesbian identity, relationships, therapy, sexuality, health, etc.

A Part of Our Lives
(see "Contraception")

The Second Sex

Simone de Beauvoir. Bantam Books, New York, NY, USA. 1961. English. Also in most other Western languages, translated from the original French.

A classic, originally published in France in 1949, examines in detail the multi-dimensional oppression of women in contemporary society. Philosophical reflection and psychological insights retain their freshness in the second wave of feminism, illustrating well the unyielding core problems faced by most women, in or out of sexual relationships.

"Sexo"

in Una Mujer Cualquiera. Apartado 16361 Coliseo, Caracas, Venezuela. Nr. 4, October 1979. Español.

In this issue of their newsletter, the feminist group La Conjura raises some questions about women and sexuality, particularly in the Venezuelan context in a couple of brief articles and a questionnaire.

En este número del boletín realizado por el grupo feminista La Conjura se ponen algunas interrogantes acerca de las mujeres y su sexualidad, expresado en breves artículos y en un cuestionario. Todo esto referido al contexto Venezolana.

"La Sexualidad Feminina"

Vindicacion Feminista, Napoles, 105 4º C, Barcelona 13, Espana. Nr. 28, July 1979. Espanol. 200 pesetas.

This special 100 page issue examines sexuality from a feminist perspective and emphasizes the necessity for women to take control of their own bodies and sexuality. It analyzes political and social control of women and women's sexuality and the images of women in the media and pornography.

Cien páginas que examinan el tema de la sexualidad desde una perspectiva feminista. Se enfatiza la necesidad de las mujeres de controlar su propio cuerpo y sexualidad. Analiza el control político y social de las mujeres, su sexualidad y la imagen de ellas en los medios de comunicación y pornografía.

Sexualinformation für Jugendliche

Bent H. Claesson. Verlag Neue Kritik, Mylinsstrasse 58, 6 Frankfurt 1, Bundesrepublik Deutschland (Federal Republic of Germany). 1976.

Illustriertes Aufklärungsbuch für Jugendliche ab 12 Jahren. Enthält Kapitel über Geschlechtsorgane, Selbstbefriedigung, Petting, Beischlaf, Beischlafschwierigkeiten, Verhütungsmittel, Schwangerschaft, Geburt, Abtreibung, Sexuelle Minderheiten, Krankheiten und Beschwerden u.a.

Illustrated explanatory book for young people from the age of 12 upwards. Contains chapters on sex organs, masturbation, petting, intercourse, problems with intercourse, contraceptive methods, pregnancy, birth, abortion, infections, and diseases.

"Sexualität"

Clio Nr. 12, Juni 1979.

(see "Federal Republic of Germany")

Ganze Nummer über Sexualität: Arbeitsplatz, Menstruation, verschiedene Empfängnisverhütungsmittel, Lesbensexualität, etc.

Whole issue on sexuality: different aspects, e.g., the workplace, menstruation, different kinds of contraception, lesbian sexuality.

Sexuality

Women's Collective, Australian Union of Students, 95 Drummond Street, Carlton, Victoria 3053, Australia. First ed., 1974. Second ed., 1979. Austr. \$1.00 plus postage.

A well-illustrated book covering our relationships with men and women, sensuality (including anatomy), contraception, pregnancy, birth, aging, and genital infections. Also a section on "the politics of sexuality" showing how women are controlled by images of their sexuality, by doctors, and by the law.

Sexual Politics

Kate Millett. Ballantine, New York. 1970. English.

A pioneering work on sexism, how it expresses itself in American and English literature, and its underlying misogyny.

Vom Lieben und vom Kinderbringen

Bent H. Claesson. Verlag Neue Kritik, Mylinsstrasse 58, 6 Frankfurt 1, Bundesrepublik Deutschland (Federal Republic of Germany). 1975.

Reichlich illustriertes Aufklärungsbuch für Kinder. Themen: Körper/Geschlechtsteile, Zeugung, Hausgeburt, Verhütungsmethoden. Beispiele verschiedener Familien (ein Elternteil, beide Eltern, Wohngemeinschaft u.a.)

Well-illustrated explanatory book for children, covering the following themes: Body/genitals, experiences, homebirth, contraception. Elaborate on examples of different kinds of families: one-parent, two-parent, and communes.

Within Reach: Providing Family Planning Services to Physically Disabled Women and

Toward Intimacy: Family Planning and Sexuality Concerns of Physically Disabled Women

Human Sciences Press, 72 Fifth Ave., New York, NY 10011, USA or from Reproductive Health Resources, 1507 21st St., Suite 100, Sacramento, CA 95814, USA. English. \$2.95 and \$2.50 respectively.

"The Woman In Your Life is You"
(see "Audio-visuals")

Young, Gay, and Proud

Sasha Alyson (prepared U.S. edition from Australian version). Alyson Publications. 1980. Available from Carrier Pigeon, 75 Kneeland St., Rm 309, Boston, MA 02111, USA. \$3.50

Excellent, well-written book for young people beginning to think about their sexuality, especially their homosexual thoughts and feelings.

Clitoridectomie en het Recht op Onze Eigen Sexualiteit (Cliteridectomy and the Right to Our Own Sexuality)

Dolle Mina Werkgroep Cliteridectomie, Postbus 6, Amsterdam, Nederland. 1978. Nederlands.

In dit boekje, samengesteld door de vrouwengroep 'Dolle Mina' wordt uitgelegd wat clitoridectomie is, waar het voorkomt en waarom deze 'operatie' wordt uitgevoerd. De situatie met betrekking tot clitoridectomie in verschillende landen wordt beschreven terwijl informatie gegeven wordt over acties tegen deze vorm van mishandling van vrouwen.

This booklet on cliteridectomy, prepared by the feminist group Dolle Mina, explains what it is, where it is performed, the reasons given for it. It also describes the situation in regard to genital mutilation in several countries and the campaign against it.

"Female circumcision"

A.H. Taba. Tropical Doctor, Vol. 10, January 1980. Copies available free from Dr. Taba, World Health, WHO, 1211 Geneva 27, Switzerland. English

By the WHO Regional Director for the Eastern Mediterranean Region. Appeared originally in World Health, May 1979. Brief article reviewing the history of circumcision, traditional beliefs and customs, medical complications, and current efforts (including the WHO Khartoum seminar) to eradicate this practice.

"Genital mutilation: the hidden atrocity" Claire Brisset. Broadsheet, September 1979. (see New Zealand) English. Appeared first in French in Le Monde (Paris, France), February 28 and March 1, 1979.

Excellent article which reports on World Health Organization seminar held in Khartoum in February 1979--"Traditional Practices Affecting the Health of Women and Children". Exposes the conspiracy of silence on the part of international agencies, many health professionals, ethnic groups, etc., who have justified inaction on the grounds that they "cannot interfere with local customs".

Genital Mutilation: a Statement from Africa

Association of African Women for Research and Development (AAWORD)
B.P. 11007 CD Annexe, Dakar, Senegal.

Firmly condemning genital mutilation, this statement by African women holds that African women must "speak out in favour of the total eradication of all these practices, and they must lead information and education campaigns to this end within their own countries and on a continental level". The women set forth how they intend to carry on the fight against genital mutilation and explain why they feel it should be carried out in this way. They discuss the negative reaction in Africa to actions against mutilation. This statement was presented to the Africa Regional Conference preparatory to the United Nations Mid-Decade Conference on Women. It is an important statement for those concerned with this issue.

The Hidden Face of Eve: Women in the Arab World

Nawal El Saadawi. Zed Press, 57 Caledonian Road, London N1 9DN, England. 1980. English. £2.95 (UK), \$6.95 (USA).

Personal and analytical presentation of growing up as a woman in the Islamic Middle East. Covers the range of sexual aggression against women including a chapter on genital mutilation, "circumcision on girls", which examines the origins and political implications, as

well as health aspects. Also looks at the role of Arab women in history and contemporary movements.

The Hosken Report: Genital and Sexual Mutilation of Females

Fran. P. Hosken. WIN, 187 Grant St., Lexington, MA 02173, USA. 1979. English. \$17.00

A 368-page study, an enlarged and revised edition of The Hosken Report on genital mutilation of females. It is an important and well-documented report with case histories from several different countries of Africa and Asia. The report includes the medical facts, the history, and the effects of this mutilation on the health and lives of women. Strong recommendations for the abolition of this mutilation are also given. Included is a report of the World Health Organization Seminar held in Khartoum, Sudan, in February 1979, a good part of which was devoted to this issue, with the recommendations which came out of that seminar. There is a lengthy bibliography on the subject. This is a very important document for all those concerned with this issue.

La Parole aux Negresses. Awa Thiam (see Addendum)

"Report on female circumcision in Indonesia"
Ms. Tuty Mustafa Dankua, Secretary of the Indonesian Midwives Association (Jalan Johar Baru IV/13D, Jakarta Pusat, Indonesia). WIN News, Vol. 5 No. 3, Summer 1979.
(see "Basic International Resource List")

Seminar on Traditional Practices Affecting the Health of Women and Children (in Africa)

World Health Organization (WHO), Regional Office for the Eastern Mediterranean, POB 1517, Alexandria, Egypt. 1979. Free.

Report of a seminar held in Khartoum, The Sudan, February 10-15, 1979. Topics covered include female circumcision, childhood marriage, nutritional taboos, and breastfeeding practices. The seminar participants recommended strong measures designed to eradicate the practice of female circumcision (clear national

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policies, educational programs for midwives, healers, the general public, etc.).

WIN News

(see Basic International Resource List)

Includes regular updates on genital mutilation, including African contacts working on this issue. Also coordinates Human Rights/Health Action Network (send for list of participants and resources), actively working to combat genital mutilation.

(C) SEXUALLY TRANSMITTED DISEASES

Herpes

Santa Cruz Women's Health Collective
(see "USA") 1977. \$1.00.

Excellent 20-page booklet about genital herpes, including information about various remedies, prevention of recurrences, and current research. Very humorous cartoons provide some relief to those of us living with this "incurable" problem.

The Helper

American Social Health Association, Box 100, Palo Alto, CA 94302, USA. Subscription: \$8.00/year.

Publication about sexually transmitted diseases. Contains useful information about prevention, treatment, research, and policy.

VD Handbook

Montreal Health Press (see Canada)
Updated, 1979. French and English.
Send 50¢ to cover postage and handling.

Good general resource on politics, prevention, symptoms, and treatment of sexually transmitted diseases.

"Sexually transmitted diseases and how to avoid them"

Peggy Lynch and Esther Rome. Boston Women's Health Book Collective. 1980.
(see "Basic International Resource List")

8-page brochure about common sexually transmitted diseases. Covers prevention, treatment, follow-up, complications if not treated. Written from a self-help and feminist perspective.

"Genital herpes simplex virus (HSV): infections and pregnancy"

Anne S. Yeager. The Helper, Vol. 1, No. 2, October 1979. American Social Health Association, Box 100, Palo Alto, CA 94302, USA. English. Subscription: \$8.00/year.

Reviews new procedures for HSV testing. "By assessing infant risk late in pregnancy on the basis of antibody levels, the timing of active lesions, and indications of virus shedding, unnecessary caesarian delivery may be avoided where risks of HSV are low."

TYPE II ASSOCIATION

(see "Australia")

"V.D. and Women"

(see "Audio-visuals")

(D) CONTRACEPTION

Anticoncezionali

by Gruppo Femminista per la Salute della Donna. (see "Italy") 1978. Italiano.
Lire 3000.

A very complete and well-written book which discusses the various methods of contraception in the context of women's sexuality and knowledge and control of their bodies. In addition to describing the advantages and disadvantages of various methods, the book gives detailed information about the many brands and types of contraceptives on the market in Italy and where and how to obtain them.

Un libro completo e ben scritto nel quale vengono discussi i metodi di contracccezione nel contesto della sessualità delle donne e nella coscienza e controllo dei loro corpi. Descrivendo inoltre i pro ed i contro dei vari metodi, il libro dà informazione dettagliate circa le marche ed i tipi di contraccettivi presenti nel mercato italiano nonché il modo come procurarseli.

Birth Control: Resource Guide No. 5

National Women's Health Network (see "USA")

Includes detailed, up-to-date information on almost all methods in use, including risks, advantages, and feelings about

use of contraceptives. Also reprints testimony on contraceptive research priorities, and summaries of research on newer methods, plus information on risks to Third World women. A Bill of Reproductive Rights is included. Comprehensive bibliography, list of U.S. films and resources is appended.

CAMPAGNA NACIONAL A FAVOR DO ABORTO E CONTRACEPÇÃO
(see "Portugal")

CAMPAIGN AGAINST DEPO-PROVERA
(see "England")

Cervical Cap Information Packet
The New Hampshire Feminist Health Center,
38 South Main Street, Concord, NH 03301,
USA. English. \$5.00 plus postage.

The cervical cap is a device, usually flexible, which fits directly over the cervix and, when properly fitted, is an effective alternative to other types of contraception. This packet includes a variety of materials, both technical and general.

"Quando Seremos Nos A Decidir?"
Comissão Contracepção e Aborto do Coletivo
de Mulheres do Rio de Janeiro (see
"Brazil")

"Contraceptive research - for whose protection?"
Broadsheet, January 1980. The Broadsheet
Magazine Collective, Broadsheet Magazine
Ltd., P.O. Box 5799, Auckland, New
Zealand. English. 90¢.

A closer look at a multi-million dollar
New Zealand study involving the use of
Depo-Provera and the issue of informed
consent.

"Depo-Provera and family planning in
Botswana"
Barbara Brown. Unpublished paper, 1978.
Available from Boston Women's Health
Book Collective (see Basic International
Resource List)

Written for a seminar at The Ministry of
Health in Botswana, this paper calls for
an end to the use of Depo-Provera as a

contraceptive except in exceptional
circumstances.

"Contraceptives unlimited"
Second Class/Working Class, "an inter-
national women's reader," People's
Translation Service, 4228 Telegraph Ave.,
Oakland, CA 94609, USA. 1979. English.
\$3.00.

Reviews restrictions in Ireland on sale
of contraceptives (mostly illegal) and
activities of Contraception Action Program
to push for further legalization of
contraceptives.

"Family planning to benefit whom?"
Contact No. 30, December 1975. Christian
Medical Commission, 150 route de Ferney,
1211 Geneva 20, Switzerland.

Quotations from various reports showing
the impossibility of contraception in the
Third World apart from questions of
cultural norms and social justice.
Bibliography included.

Free and Female
(see "Sexuality")

How to Have Intercourse Without Becoming
Pregnant
Alliance for Perinatal Research and
Service, Inc., 321 South Pitt St.,
Alexandria, VA 22314, USA. 1979. French,
Spanish, Hebrew, Persian, Vietnamese,
Thai, English, Italian, Arabic, Chinese,
Laotian, Portuguese, Russian, and
Cambodian. Single copy \$1.50. 2-20
copies \$1.25 each.

Simple clear guide to contraceptive
methods. First of its kind to appear in
14 languages!

"If the cap fits..."
Rozsika Parker. Spare Rib, No. 57,
April 1977. (see Basic International
Resource List)

Explores reasons why women are turning
back to the diaphragm and the ways in
which using a diaphragm affects our
sexuality and relationships.

Kenya Woman
(see "Kenya, Africa")

Metodos para limitar los nacimientos
Creatividad y Cambio, Jr. Callao 573,
Apt 5132, Lima, Peru, S.A. Español.

Es un folleto elemental sobre educación sexual que trata temas como :nacimiento de una criatura y los distintos métodos para limitar los nacimientos. Describe el metodo de ovulación de "Billings" diafragma, espiral (dispositivo intrauterino) la píldora, inyección de tres meses, condón (preservativo), coito interrumpido, anticonceptivos químicos (cremas, jaleas y espuma). Lenguaje simple, directo, pedagógico.

MOVEMENT POUR LA LIBERTE DE L'AVORTEMENT
ET DE LA CONTRACEPTION (M.L.A.C.)
(see "France")

NATIONAL CLEARINGHOUSE FOR FAMILY
PLANNING
(see "USA")

Natürliche Geburtenkontrolle. Eine
kooperative Methode
Margaret Nofziger. Irisiana-Verlag,
8961 Haldenwang, Bundesrepublik Deutsch-
land (Federal Republic of Germany). 1978.

"Only women bleed"
Broadsheet, December 1979. The Broadsheet
Magazine Collective, Broadsheet Magazine,
Ltd., P.O. Box 5799, Auckland,
New Zealand. English. 90¢.

A look at the history of the controversial
contraceptive injection, Depo-Provera,
including its widespread use in New
Zealand. A strong negative attack on
its use.

The Ovulation Method Newsletter
Nealy Gillette, ed. P.O. Box 1473,
Boulder, CO 80302, USA. English.
\$2.00/yr.

Published irregularly. Good source of
information on the Ovulation Method of
natural birth control. Also, ask for the
book, The Ovulation Method; Cycles, Fertility.

A Part of Our Lives
Origins (Women's Health Collective),
169 Boston St., Salem, MA 01970, USA.
English, Spanish. \$3.00 plus postage.

A discussion of birth control and
sexuality for young teenage women by
three teenage women. Includes many
of their personal experiences.

La Pillola
Gruppo Femminista per la Salute della
Donna. (see "Italy") 1977. Italiano.
Lire 500.

Prepared by a self-help group, this
pamphlet looks critically at the pill
as a method of contraception, its use
by population control groups, and its
side-effects.

Preparato da un gruppo di "self-help",
questo opuscolo esamina criticamente
il problema della pillola come metodo
contraccettivo, il suo uso da parte di
gruppi che si occupano del controllo
demografico, e gli effetti collaterali
della pillola stessa.

La Pillola e Altri Contraccettivi
Ormonali
Centro per la Salute della Donna,
San Lorenzo, via Sabelli 100, Roma,
Italia. Italiano.

This booklet explains the working of
the pill as a method of contraception,
the kinds of pills available and their
side-effects.

Questo opuscolo descrive il funzionamento
della pillola, i tipi della pillole che
si trovano nelle farmacie, e gli effetti
collaterali della pillola.

"Reclaiming reproductive control: A
A feminist approach to fertility
consciousness"
(see "Self-Help and Healing Ourselves")

Ritorno al Diaframma
Enrica Boschetti, Cortina, Italia. 1977.
Italiano.

This book describes the use of the
diaphragm as a method of contraception
with many advantages over other methods.

Questo libro descrive l'uso del diaframma
come anticoncezionale e i vantaggi di
questo metodo.



Following is an excerpt from a booklet entitled "Contraception", originally published in Greek by a Women's Liberation group in Athens:

In our country hundreds of thousands of abortions take place every year. Cases of women who have had ten or even twenty abortions are not at all rare, since abortion is the only birth control method many women know of...

Doctors have a great responsibility, but they are the representatives of a society's hypocrisy. On the one hand, the state prohibits both abortion and contraception in order to satisfy various reactionaries, eg, the Church. On the other hand, the state is quite tolerant of abortions, which are very widely practiced. Why this contradiction? It is due to:

- Financial reasons. Under the present situation, the state does not spend a cent for social infrastructures for the woman and the child. It does not provide information or financial help so that women can avoid pregnancy. Neither does it provide help so that women can keep their children if they wish.
- Political reasons. By allowing abortion in a semi-legal manner, the state creates a safety valve in the face of the working class' tremendous problems of livelihood. Without the recourse to abortion, namely the possibility to limit the size of their families, this class would have unbearable, and potentially explosive, financial problems.
- Ideological reasons. Repeated abortions destroy women; love becomes a chore; fear of pregnancy, anxiety, hypocrisy and guilt prevail. This creates neuroses in both men and women and cultivates women's passivity: she depends on her lover or husband who must "be careful" and on the doctor who performs abortions. Thus, we women are deprived of our right to love and pleasure, of our right to independence.

Thus, by sticking its head in the sand, the state leaves a whole sector of public health uncontrolled and surrenders it to the doctors' speculation. The puritanical ideologues and the speculators win. The state does not give a cent. The woman is the victim.

In contrast to abortions, the ban on contraceptives is effectively enforced. Why is this so? Why are contraceptives either ignored or slandered by reactionary propaganda? Because the use of contraceptives is a great step forward for the sexual and social liberation of women. It helps break passivity and feelings of inferiority. It gives women the ability to control and define our sexual lives as we wish, without the anxiety of an unwanted pregnancy. It destroys taboos that diminish critical consciousness and prohibit us from being aware of exploitation.

"Contraceptives unlimited"



Contraceptives Unlimited is the name of a Dublin shop opened by the Contraception Action Program in December 1978. A shop that only sells contraceptives is surprising, perhaps, for those who are used to simply going to the pharmacy down the street - understandable, however, in the present context of the Republic of Ireland, where customs officials have been seizing supplies of contraceptives arriving in the country for Family Planning Clinics.

Under Irish law, the sale of contraceptives is considered a criminal offense (even condoms are illegal), as is the dissemination of information on contraception. In 1972, customs officials confiscated a woman's diaphragm as she was entering the country. She filed suit and won her case. The Supreme Court ruling set a precedent: not only could customs officials no longer seize contraceptives destined for personal use, but the ruling also made it possible

for the first Family Planning clinic to begin distribution of 'free' contraceptives to their patients in exchange for a 'donation'. The clinic was brought to trial for the sale of contraceptives, but won their case by proving that they only accepted donations to ensure the continued existence of their clinic. Since then, nine other clinics in Southern Ireland have followed their example of providing contraceptive information and distributing contraceptives. Hence, the government has decided to prevent contraceptives from entering the country. About \$20,000 worth of contraceptives were seized within the first months of 1978.

It was in response to this situation and the extremely repressive attitude of the government and Catholic Church that the Contraception Action Program decided to form Contraceptives Unlimited. The CAP held a press conference at the launching of their project and the publicity brought crowds rushing to their doors. Within the first four days, \$2,000 worth of contraceptives were sold. Widespread public support for the project forced the government to submit to Parliament a bill on contraception at the beginning of 1979. However, due to pressure from the Catholic Church, the bill limits the use of contraceptives to married couples. Infraction of this new law would be punishable by a fine of \$1,000 for a first offense, and twelve months imprisonment for second offenders. This would apply not only to those using contraceptives, but to doctors involved in providing an unmarried person with contraceptives.

In the Republic of Ireland, the Catholic Church and traditional ideology weigh heavily on the shoulders of women whose "vocation" is considered to be that of wife and mother. There is an unmet need for social services such as day care centers, hospitals, schools and housing.

Abortion is illegal except in the case of uterine cancer or difficult pregnancies. The taboo on sexuality is so strong that the issue of abortion has not yet been approached. Instead, efforts are concentrated on the struggle for the right to obtain contraceptives. ■

(*cahiers du feminisme*, February/March 1979)

"Sexuality and birth control decisions among Lebanese couples."

Mary Chamie. SIGNS: Journal of Women in Culture and Society, Vol. 3, No. 1, Autumn, 1977. The University of Chicago Press, 5801 Ellis Ave., Chicago, IL 60637, USA.

Academic study shows preliminary evidence that sexual activity/behavior and educational attainment are factors at least as important as religion in determining contraceptive choice among women in this Middle East country. The implications are that economic and social dependence on the husband tends to keep women dependent on husbands for responsibility in contraception and sexuality until a critical number of children are born, and that sexual compatibility may be more important than education.

"Spermicides - simplicity and safety are major assets"

A 40-page Population report in the Barrier Methods Series (Series H, No. 5, September 1979). Population Information Program, The Johns Hopkins University, 624 North Broadway, Baltimore, MD 21205, USA. English.

Copies are available to health personnel in developing countries, and others should try to get it because it contains useful information.

Third World Women Speak Out
Perdita Huston. Praeger Publishers.
1979. English.

This beautifully human and unstatistical book presents women's views of change, development and basic needs in their own words, from interviews with women of diverse economic and social backgrounds in Egypt, Sudan, Mexico, Tunisia, Sri Lanka and Kenya. Our Third and Fourth World sisters echo the need to change social attitudes that stand in the way of their development, particularly the taboos against contraception. They express an overwhelming need to be able to earn money; they speak universally of the exhaustion of working such long hours without help or adequate food. The majority of rural women work day and

night to squeeze out enough money for their children's school books in the hope of saving them from the imprisonment of illiteracy.

"The use of herbal birth control among Indian women of North America"
Barbara Kean. Native American Healing course, USA. July 1979. Available from Boston Women's Health Book Collective (see "Basic International Resource List")

Describes the use of herbal medicine on menstruation, pregnancy, abortion, birth control. Studies the action of some plants used by Native American women (and compares rural African women who use cervical mucus check). Describes interests and risks of herbal birth control. Includes bibliography. An important work because it starts to document the way in which women, especially those living in rural areas (i.e., in touch with nature) had and kept control over their reproduction and health.

"Verhütung"
Clio, Nr. 9, July 1978.
(see "Federal Republic of Germany")

Hauptthema dieser Nummer ist die Empfängnisverhütung, einschliesslich ein Artikel über die Gefahren von Pille und "Spiralen", und die Politik der Herstellerfirmen. Es folgt ein Abschnitt über mögliche Alternativen: Temperaturmethode, Scheidendiaphragma, "Mondmethode", pflanzliche Mittel, Sterilisation bei Frau und Mann.

Contraception is the major theme of this issue, including a section on the dangers of the Pill and IUD's, and the politics of the pharmaceutical companies manufacturing them; followed by a section on possible alternatives: temperature method, diaphragm, "lunaception", herbal birth control, sterilisation, and vasectomy.

Verhütungsmittel
Available from: Claudia v. Iljin,
Eppendorfer Weg 159, 2000 Hamburg 20,
Bundesrepublik Deutschland (Federal
Republic of Germany). 1980. DM 1.50.

Eine illustrierte Broschüre über verschiedene Verhütungsmethoden: natürlicher Menstruationszyklus, Pille, Spirale,

Diaphragma, Kondom, Temperaturmethode, Sterilisation der Frau, Sterilisation des Mannes. Erklärung über die Risiken besonders der Pille. Es fehlen Informationen über Depo-Provera (Dreimonats-spritze) und die Portiokappe.

Illustrated brochure on different contraceptive methods: natural/rhythm methods, the Pill, IUD's, diaphragm, condom, temperature method, female and male sterilization. Gives full details of risks, especially for the Pill. No information on Depo-Provera (injectable contraceptive) or the cervical cap.

Vivre Autrement dès Maintenant
(see "Abortion")

Within Reach: Providing Family Planning Services to Physically Disabled Women
(see "Sexuality")

Woman's Body, Woman's Right - A Social History of Birth Control in America
Linda Gordon. Penguin Books, 625 Madison Ave., New York, NY 10022, USA. Or: Penguin, Middlesex, England. 1977.

Traces the history and development of the birth control movement in the USA, covering political, social, and economic aspects. Excellent feminist analysis.

(E) ABORTION

"Abortion"
(see "Audio-visuals")

"Abortion and patriarchal society"
Barbara Roberts. Abortion Internationally, NAC, 374 Grays Inn Rd., London WC1, England. 1978. English.

Article placing a woman's right to choose in a political, international context, laying out all the arguments.

"The abortion campaign in Italy"
Juliet Ash and Lynn Groggert. In Abortion Internationally, National Abortion Campaign. (see "England") 1978.

Written before the more liberal abortion law was introduced in 1978, this article outlines the history of abortion law in

Italy, the links and influence of the Catholic Church, and the efforts of the MLD - women's liberation movement - to change this, and to set up alternatives.

Abortion Law in India: Past and Present
S.K. Singh and R.K. Raizada. Family Planning Association of India, Haryana Branch, Kothi No. 315, Sector -9/D, Chandigarh, India. 1976. English. \$6.00.

A complete history of the legal and religious aspects of abortion in India, with specific emphasis on the current Medical Termination of Pregnancy Act of 1971, showing its potential to free women from unwanted pregnancy and dangerous illegal abortions. Discusses the barriers to implementation of this law, and the alternative that modern Menstrual Regulation techniques might offer.

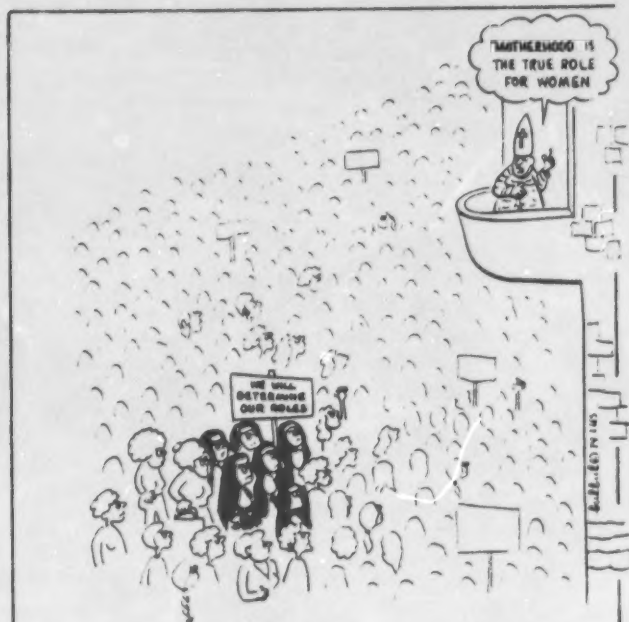
"Abortion, our bodies - their power"
By Australian sisters. Abortion Internationally, NAC, 374 Grays Inn Rd., London WC1, England. 1978. English.

Four-page article about the abortion situation in Australia, with particular reference to the Population Services International (PSI) organization carrying out abortion for profit in Sydney. Also briefly describes women's initiatives through health centres of their own.

"Abortion: our struggle for control"
National Abortion Campaign, 374 Grays Inn Rd., London WC1, England. January 1980. English. 25 pence.

Gives history of the National Abortion Campaign, and its relationship with the labour movement, and a collection of articles covering women's control, abortion and sexuality, time limits for abortions, abortion facilities on the National Health Service, the way abortion is affected by economic cut-backs in the country, third world women and abortion, and the need for international solidarity in abortion campaigns.

Abortion: Resource Guide No. 8
National Women's Health Network
(see "USA")



WHAT YOU SHOULD KNOW ABOUT THE ROMAN CATHOLIC HIERARCHY AND HUMAN SEXUALITY

"*Humanae Vitae* contains the authentic teaching of the church concerning human sexuality and the morality of contraception." Archbishop Joseph L. Bernadine, President of the National Conference of Catholic Bishops, 1976

"Those who practice abortion very often are the same persons who habitually practice contraception, but without satisfactory results. Persons who have a contraceptive mentality, that is a determination to avoid fertilization at any cost. This contraceptive mentality is a worrisome phenomenon and it, in fact, threatens to destroy man by inverting his order of values." Archbishop Jerome Hamer, Secretary of the Doctrinal Congregation, 'Declaration on Procured Abortion,' 1977

"I am convinced that contraception is a chief cause of the present moral chaos. Widespread contraception is the gateway to abortion. . . . Pro-lifers who work toward the day when we no longer kill our unborn are only kidding themselves if they condone contraception. I am overwhelmingly convinced that at least 97 percent of those who intelligently fight abortion see it as an outgrowth of contraception." Father Paul Marx, Saint Louis Church, 1977

"The Catholic ideal is a constitutional amendment prohibiting all abortions, even those performed to save the life of the woman, or at the request of a rape or incest victim. That is the goal of the Committee." William Cox, Director of the National Committee for a Human Life Amendment, 1978

"We are opposed to the continued funding of the so-called 'family planning services and population research act' . . . both the IUD and one mode of action of the current pill are abortifacients." Robert G. Marshall, Legislative Counsel, U.S. Coalition for Life, 1977

" . . . 'Contraception' often turns out to be 'silent' (early) abortion induced by the pill or the IUD. . . ." Father Paul Marx, O.S.B., 1977

Reprinted from Catholics for a Free Choice, P. O. Box 648,
New York, NY 10007 usa

from Reproductive Rights Newsletter/ NAM (USA)

Though every poll shows that most Americans favor legal abortion, it is evident that many nominal supporters of choice are confused and disarmed, if not convinced, by the anti-abortionists' absolutist fervor. No one likes to be accused of advocating murder. Yet the "pro-life" position is based on a crucial fallacy — that the question of fetal rights can be isolated from the question of women's rights. The claim that abortion is murder is more than a claim that fetuses are people; implicit in it is the judgment that destroying fetal life cannot be a legitimate act of self-defense against the physical, psychic, social, and economic trauma of unwanted pregnancy and motherhood. But if the fetus is sacrosanct, it follows that women must be continually vulnerable to invasion of their bodies and loss of their freedom and independence — unless they are willing to resort to the only fool-proof contraceptive, abstinence. This is precisely the "solution" right-to-lifers suggest, often in righteous language about taking responsibility for one's actions, usually with a touch of glee; as Representative Elwood Rudd once put it, "If a woman has a right to control her own body, let her exercise control before she gets pregnant." A common ploy is to compare fucking to overeating or overdrinking, the idea being that pregnancy is a just punishment, like obesity or cirrhosis.

In 1979, it is depressing to have to insist that sex is not an unnecessary, morally dubious self-indulgence but a basic human need, no less for women than for men. Of course, for heterosexual women, giving up sex also means doing without the love and companionship of a mate. (Presumably, married women who have had all the children they want are supposed to divorce their husbands or convince them that celibacy is the only moral alternative.)

Ellen Willis

ON ABORTION

"Freedom" bought at such a cost is hardly freedom at all, and certainly not equality — no one tells men that if they aspire to some measure of control over their lives they are welcome to neuter themselves and become social isolates. The don't-have-sex argument is really another version of the familiar anti-feminist dictum that autonomy and femaleness — that is, female sexuality — are incompatible; if you choose the first you lose the second. But to pose this choice is not only inhumane; it is as deeply disingenuous as "Let them eat cake." No one, least of all the anti-abortion movement, expects or wants significant numbers of women to give up sex and marriage. Nor are most right-to-lifers willing to allow abortion for rape victims. When all the cant about "responsibility" is stripped away, what the right-to-life position comes down to is, if the effect of prohibiting abortion is to keep women slaves to their biology, so be it.

In their zeal to preserve fetal life at all costs, anti-abortionists are ready to grant fetuses more legal protection than people. If a man attacks me and I kill him, I can plead self-defense without having to prove that I was in danger of being killed rather than injured, raped, or kidnapped. But in the annual congressional battle over what if any exceptions to make to

the Medicaid abortion ban, the House of Representatives has bitterly opposed the funding of abortions for any reason but to save the pregnant woman's life. Some right-to-lifers argue that even the danger of death does not justify abortion; others have suggested "safeguards" like requiring two or more doctors to certify that the woman's life is at least 50 percent threatened. Anti-abortionists are forever worrying that any exception to a total ban on abortion will be used as a "loophole": Better that any number of women should ruin their health or even die than that one woman should get away with not having a child "merely" because she doesn't want one. Clearly this mentality does not reflect equal concern for all life. Rather, anti-abortionists value the lives of fetuses above the lives and welfare of women, because at bottom they do not concede women the right to an active human existence that transcends their reproductive function. The earth is not supposed to choose which crops it will or will not grow — or to decide that no one is going to walk all over it.

The conservatives who dominate the right-to-life movement have no real problem with the anti-feminism inherent in their stand; their evasion of the issue is a matter of public relations. But the politics of the small group of activists who oppose abortion in the name of radical pacifism — including the so-called "feminists for life" — are a study in self-contradiction: In attacking what they see as the violence of abortion, they condone and encourage violence against women. Forced childbearing does violence to a woman's body and spirit, and it contributes to other kinds of violence: deaths from illegal abortion; the systematic oppression of mothers and women in general; the poverty, neglect, and battering of unwanted children.

Chrysalis
No. 9
1979

Reprinted by permission of *The Village Voice* and Ellen Willis. © News Group Publications, Inc., 1979.

Ellen Willis lives in New York City, is a staff writer and columnist for the *Village Voice*, and has been involved in the Women's movement since 1968.

Includes overview on the abortion issue in the U.S. today, followed by comprehensive guide to abortion choices--techniques facilities, anesthetics, informed consent, etc., with emphasis on women-controlled clinics. Health effects of restricted government funding for poor women, and notes on illegal abortions complete the text. Comprehensive bibliography, resource section, and audiovisuals included.

"Abortion rights: critical issue for women's freedom"

Janet Gallagher. WIN magazine, March 8, 1979. 503 Atlantic Ave., Brooklyn, NY 11217, USA. English. \$1.00.

One of the best single articles on the US abortion issue from a feminist perspective. Describes the pro- and anti-choice forces in the context of the fundamental need of women to be able to exercise that choice. (Reprinted in full in the Abortion Resource Guide from the National Women's Health Network, USA.) (see "US Groups")

"Abortion rights in Chile"

A Chilean midwife, refugee in Britain. Abortion Internationally, NAC, 374 Grays Inn Rd., London WC1, England. 1978. English.

Two-page article describing conditions of abortion in Chile under the Junta, and placing this in the broader context of deprivation of human rights, torture, and exploitation in that country.

"Abortion: where we stand"

National Abortion Campaign, 374 Grays Inn Rd., London WC1, England. 1976. English.

Twenty-page brochure dealing with the different aspects of the arguments for legalised abortion, from the woman's right to choose perspective. Articles entitled "is abortion murder?", "abortion and respect for life," "is adoption a substitute for abortion?", "demystifying the foetus," "techniques of abortion," clearly and concisely lay out all the points. Three additional articles deal specifically with the legal situation in Britain and the moves in Parliament (up

to 1977) to try to restrict the abortion law. Outlines activities and aims of the National Abortion Campaign.

"Abortion: the woman's plight and right" Medico Friend Circle Bulletin, February 1980. English. (see "India")

A summary of the abortion problem internationally, following the liberalization of abortion laws in about 30 countries, bringing to two-thirds the proportion of countries in the world where it is legal. The problems of implementation of laws, the relation of contraceptive practice to abortion, and the mortality risk of both contraception and abortion are included. Two personal experiences, from Sri Lanka and India, end the article. (Taken from People magazine, Vol.5, No. 2, England.)

Abortion Internationally

National Abortion Campaign, 374 Grays Inn Rd., London WC1, England. 1978. English.

A collection of articles on abortion conditions and laws in different countries: Chile, Australia, Eastern Europe, and the USSR, China, Bangladesh, India, Japan, USA, and Italy. Also includes aims and structure of the National Abortion Campaign in Britain.

Abortion Surveillance: Annual Summary, 1977 (Issued September, 1979)

Center for Disease Control (CDC), Public Health Service, U.S. Department of Health, Education, and Welfare, Bureau of Epidemiology, Family Planning Division, Atlanta, Georgia 30333, USA. English. Spanish and French Résumés included. Free.

Current edition of one of the world's most thorough government reports on abortions (U.S.). Gives detailed data on every aspect--age, race, residence, marital status, method, previous history, mortality and morbidity, etc. Many case histories, international comparisons and studies of method comparisons, with tables and charts.

Aborto: Facciamolo Da Noi

Eugenia Rocella, Editore Napoleone. Italiano.

D.3(E)

This book maintains that women must struggle not only for free abortion on demand but also for adequate information and medical assistance.

Questo libro sostiene che le donne devono lottare non soltanto per l'aborto libero e gratuito ma anche per un'informazione adeguata e per l'assistenza sanitaria.

Aborto Libero? Il Metodo Karman e la Sperimentazione sulle Donne

Il gruppo Femminista per una Medicina della Donna. Edizioni La Salamandra, Via Fabio Filzi 27, 20124 Milano, Italia. 1976. Italiano. Lire 1000.

This collection of articles from Italian feminist groups and the Feminist Women's Health Center in the USA recounts the struggle of women for control of their bodies and for abortion rights and the conflicts between feminists and Harvey Karman, promoter of the so-called "Karman method" of abortion.

Collezione di articoli di gruppi femministi italiani e del Feminist Women's Health Center degli Stati Uniti sulla lotta delle donne per il diritto dell'aborto, le controversie con Harvey Karman a proposito del cosiddetto "metodo Karman".

"Abtreibung"

Clio Nr. 8, März 1978. (see "Federal Republic of Germany")

Abtreibung ist das Hauptthema dieser Nummer, mit Artikeln über die rechtliche und klinische Situation in der BRD, Abtreibungsmethoden, und einige Erlebnisberichte.

Abortion is the major theme of this issue of Clio, with articles on the legal and clinical situation in Germany (FR), abortion methods, and some personal experiences.

"Der Abtreibungsparagraph 218"

Courage, Oktober 1979.
(see "Federal Republic of Germany")

CAMPAGNA NACIONAL A FAVOR DO ABORTO E CONTRACEPÇÃO

La Cause des Femmes

Gisèle Halimi, Editions Grasset, 1973.
Available from: Choisir, 102 rue St. Dominique, 75005 Paris, France. FF27.

An account of Choisir--organization set up in 1971 to campaign for the liberalization of abortion and contraception--and the action for law reform in France.

L'histoire de Choisir, une organisation qui lutte depuis 1971 pour la libéralisation de l'avortement et de la contraception, et l'action qui a été menée pour une réforme de la loi en France.

"Chrysalis reviews abortion as politics and experience"

Ellen Willis and Meredith Gould, introductions by Kirsten Grimstad. Chrysalis, #9, 1979. Chrysalis, 1052 W. 6th St., #330, Los Angeles, CA 90017, USA. \$4.50.

Ellen Willis has been among the most articulate and insightful writers about the politics of abortion. Her analysis of the attack on abortion rights (from right wing, religious, left wing, even "feminist-for-life" groups) appears in part in this article, reprinted from its original source, The Village Voice (New York City). Following her piece, Chrysalis has added a very moving personal statement by Meredith Gould. (see excerpts in "Reproductive Issues")

"Collective work and self-identity: the effect of working in a feminist illegal abortion collective"

Pauline Bart and Melinda Bart Schlesinger. In Frank Lindenfeld and Joyce Rothschild-Whitt, eds., Workplace Democracy and Social Change, Porter Sargent Publisher, Boston, USA. 1980. English.

Explores experience of the Jane Collective, a democratically structured group of feminist laywomen, who performed 11,000 illegal abortions from 1969 to 1973 in Chicago, IL, USA.

Comissão Contracepção e Aborto (see "Contraception")

Control

(see "Australia")

"Declaration of a woman's right to choose"
National Abortion Campaign, 374 Grays
Inn Rd., London WC1, England. February
1980. English.

Declaration explaining what sort of abortion laws women want, the changes necessary in the British National Health Service, and support for foreign women and those groups of women in Britain who are particularly discriminated against. "It is our answer to Church, State, the medical profession and the anti-abortionists who are denying women their right to choose."

"Eastern Europe and the USSR"
Alix Holt. Abortion Internationally, NAC,
374 Grays Inn Rd., London WC1, England.
1978. English.

Two-page article on the situation concerning abortion in Eastern Europe and the USSR, showing that abortion has been used as the major form of contraception, and that the law on abortion has changed according to whether "more children are needed" or not. A woman's right to choose is far from the reality.

En Defensa del Aborto en Venezuela
Giovanna Machado. Español.

Describe la situación del aborto ilegal en Venezuela, de cada 100 embarazos 65 finalizan en aborto en mujeres de 35 a 40 años. El libro ha sido muy útil en la campaña a favor de la legalización del aborto en Venezuela.

Describes situation of illegal abortion in Venezuela--65 out of every 100 pregnancies ending in abortions in women aged between 35 and 40. The book has been instrumental in launching a campaign in favour of the legalization of abortion in Venezuela. (Information from People, Vol. 6, No. 3, 1979.)

"Endlich Strafanzeige gegen Prostaglandine"
Alexandra Goy und Ingrid Lohstöter.
Courage 11, 1979, s. 10/11 (see "Federal Republic of Germany")

Zwei Rechtsanwältinnen berichten über eine Strafanzeige gegen das Abtreibungsmittel Prostaglandine, das sich als lebensgefähr-

lich erwiesen hat.

Two lawyers report about a legal case against Prostaglandine which is used in abortions and which has turned out to be lethal in some cases.

"Erfahrungen in einer abtreibungsklinik in Amsterdam"
Gabby Weckmann and Hanne Holz. Clio, No. 6. Oktober 1977. German, (see "Basic International Resource List")

"Europe's most liberal abortion law is not enough"
Second Class/Working Class, "an international women's reader." People Translation Service, 4228 Telegraph Avenue, Oakland, CA 94609, USA. 1979. English. \$3.00.

Reviews problems with Italy's abortion law passed in 1978. Access to abortion is still severely limited. (Information taken mostly from Italian sources.)

"Five years with 'free' abortion"
Kajsa Sundström. Läkartidningen, Vol. 77 No. 7, March 1980.

Reviews past five years' experience with Sweden's 1975 Abortion Law. Though abortion rate has not changed much, birth rates have dropped, and use of various contraceptives has increased (80% of "couples" using any form of contraception use the Pill or IUD).

"Gestation, birth-weight, and spontaneous abortion in pregnancy after induced abortion"

WHO Task Force on sequelae of Abortion (report of collaborative study).
The Lancet, January 20, 1979.

Summarizes pregnancy outcomes for over 7,000 women from 8 European cities. In 2 out of 3 city clusters women whose only previous pregnancy had ended in surgical abortion had a higher risk of adverse outcome (mid-trimester spontaneous abortion, preterm delivery, or low-birth-weight infant) than women whose only previous pregnancy had ended in live birth or who were pregnant for the first time. This and other findings of the

study have been confirmed in studies in Britain and Israel, but other studies (e.g., in Japan, Yugoslavia, Holland, and USA) have not confirmed these findings. Many factors, especially the abortion technique used and the skill of the practitioner, can influence heavily the consequences for future pregnancy.

Getting Stronger: Women Workers Organize the Abortion Clinics

(see "Women as Paid and Unpaid Health Workers")

"Hablemos del aborto"

Giovanna. Una Mujer Cualquiera, No. 2, Marzo 1979. Grupo la Conjura, Apartado 16361, Coliseo, Caracas 101, Venezuela, S.A. Español.

Aborto, uno de los problemas más graves que afecta a la población femenina de Venezuela. Alto porcentaje de muertes por abortos. Posición de la iglesia católica intransigente. Necesidad de legislar. Legalización del aborto. Promover discusión sobre el tema. El Código Penal referente al aborto en Venezuela data de 1897.

"Let's talk about abortion"

This is one of the most serious problems affecting women in Venezuela. It has a high mortality. There is a need to legislate on abortion and a need to debate the issue.

"Italian abortion law"

ISIS International Bulletin No. 8, 1978. (see "Basic International Resource List") English.

Sets out the main provisions of the Italian law on abortion as brought into effect in 1978 with a brief but critical analysis from ISIS editors and a statement from the Italian Women's Movement denouncing party approaches to women's health issues.

Ich will Abtreiben, Informationen, Methoden, Wege

BIFF--Beratung und Information für Frauen, Emilienstr. 5, 2000 Hamburg 19, Bundesrepublik Deutschland (Federal Republic of Germany). 1980. DM 2.50.

Eine Broschüre, die genaue Informationen gibt über Abtreibungsmethoden, Aerzte, Krankenhäuser und Indikationsbescheinigungen, damit betroffene Frauen nicht mehr den Institutionen hilflos ausgeliefert sind und sich auch wehren können. Ein Abschnitt mit spezifischer Information für Hamburg.

A brochure with detailed information about different methods of abortion, what to expect from doctors and hospitals, and the legal and administrative situation for abortion in the Federal Republic of Germany. Written in order to arm women with information on all aspects, so that they can defend themselves against institutional procedures which may otherwise damage them. Includes a section with specific information on Hamburg.

"Japan: have babies, increase our prosperity"

(see "Population Control")

"Manifestaciones en torno al aborto"

Fem (Publicación Feminista Trimestral). Nueva Cultura Feminista, A.C. Universidad 1855, Desp. 401, México 20, D.F. Vol. III nr. 9. October-December 1979. Español. Subscription in Mexico: 160 pesos/year; other countries: U.S. \$15/year.

This short article recounts the actions of the Mexican feminist movement during 1979 in their struggle for free abortion on demand and includes a statement of their position on abortion and voluntary motherhood.

Este artículo corto relata las acciones realizadas por el movimiento feminista Mexicana durante 1979 en la lucha por el aborto libre, e incluye una declaración sobre su posición respecto al aborto y a la maternidad voluntario.

"Massage abortion in Thailand"

Tongplaew Narkavonkit. People Vol. 6, No. 3, 1979. International Planned Parenthood Federation (see "Population Control").

Report on the results of a two-year study of rural village abortionists in Thailand

80 percent of abortions are estimated to be performed by massage abortion technique (also practised widely in Malaysia, Thailand, and Philippines). Explains how this is done, and describes some of the complications such as excessive vaginal bleeding and pelvic infection, peritonitis, rupture of intestines and internal bleeding (the village abortionists are all women). Seen as important form of "fertility regulation" in the absence of contraceptive services.

De Methoden van Zwangerschapsafbreking in Nederlandse Abortusklinieken (Methods of Pregnancy Interruption in Dutch Abortion Clinics)

Lucy Schmitz. Vereniging Stimezo
Nederland, Koningsplein 38A, 2518 JH
Den Haag, Nederland. 1980. Nederlands.

Deze gestencilde brochure gaat over de methodes van zwangerschapsonderbreking, die worden gebruikt in de Nederlandse abortusklinieken. Het is uitgegeven door Stimezo (Stichting Medische Zwangerschapsonderbreking). Stimezo is opgericht om op een medische verantwoorde manier abortus mogelijk te maken, ondanks dat er nog een beperkende wet rond abortus van kracht is. Stimezo geeft ook informatie materiaal uit over abortus, antikonceptie en sterilisatie.

This mimeographed brochure describes the methods used in the abortion clinics in the Netherlands. It was produced by Stimezo - Stichting Medische Zwangerschapsonderbreking (Association for Medical Interruption of Pregnancy), an organization founded to perform medically safe abortions in the Netherlands while a very restrictive abortion law was still in existence. Stimezo also produces many information pamphlets and materials on abortion, contraception, and sterilization.

Mixed Feelings

Brent Against Corrie Pamphlet Group.
C/O Brent Women's Centre, 138 Minet Ave.,
London NW10, England. January 1980.
English.

In this pamphlet, ten women talk openly about their personal experiences of accidental pregnancy and abortion. The

situation of each woman is different. Women speak about how they became pregnant, how they came to their decision about having an abortion, their experience with doctors and clinics and their feelings throughout.

More Than a Choice: Women Talk About Abortion

Marla Erlien et al. Abortion Action Coalition (Boston), 1979. Available from New England Free Press, 60 Union Square, Somerville, MA 02143, USA. \$1.50

This twenty-four page pamphlet "includes interviews with four women on medicaid, one teenager's story, related issues of sterilization abuse, daycare, health care, sex, and the general status of women in our society. Includes a brief overview of the history of birth control and abortion reform, concludes with a perspective on the situation today and what we can do to shift the political atmosphere and control away from "Right-to-Life" and legislative bodies, and allow women's voices to be heard."

MOUVEMENT POUR LA LIBERTE DE L'AVORTEMENT
ET DE LA CONTRACEPTION (MLAC)
(see "France")

La Mujer y su Lucha

Movimiento Democrático de Mujeres, c/
Barquillo, 44 - 2º Izda, Madrid 4,
España. Nr. 41, January 1980. Español.

La interrupción voluntaria del embarazo tipificada como delito por el Código Penal Español. 500.000 abortos clandestinos al año se producen en malas condiciones higiénicas. Entre 3.000 y 5.000 mujeres mueren por esto. Publican el testimonio directo de varias mujeres que han abortado. Denuncia el hecho de que aquellas mujeres que tienen los medios necesarios viajan a abortar a Londres y esto sí que no es penado.

In this issue of their bimonthly bulletin, the democratic movement of Spanish women examine the recent trial of women in Spain who had abortion. This issue also contains a debate on abortion in general.

MUWMAN LIBERATION FAM
(see "Africa")

NATIONAL ABORTION CAMPAIGN (NAC)
(see "England")

"Paragraph 218"
Courage Nr. 10, Oktober 1979
(see "Federal Republic of Germany")

Eine serie von Artikeln gegen den
Abtreibungsparagraphen.

A series of articles against the anti-
abortion law in West Germany.

Personne Ne Décidera Pour Nous
Des Femmes du Centre Femmes, 5 Boulevard
Saint-Georges, 1205 Genève, Suisse
(Switzerland). Septembre 1977. Français
SFr. 1.00

Petite brochure sur la strategie et
l'action des femmes du MLF dans la lutte
pour l'avortement libre et gratuit, en
Suisse et particulièrement a Genève.

Small brochure on the strategies and
actions of the women's movement in the
fight for free abortion on demand in
Switzerland, and particularly in Geneva.

"A prospective study of spontaneous fetal
losses after induced abortions"
Susan Harlap. New England Journal of
Medicine, Vol. 301, No. 13, September 27,
1979. 15 Shattuck St., Boston, MA 02115,
USA. English.

From abstract: "Findings indicate that
there is little or no risk of spontaneous
abortions after induced abortions when
performed by current techniques."

"La prostaglandine - une répression
subtile"
Les Frondeuses No. 2, Decembre 1979.
Case Postale 111, 1227 Carouge, Suisse
(Switzerland). SFr. 2.00.

L'usage de la prostaglandine comme
méthode d'avortement en Allemagne et en
Suisse. L'implication pour les femmes:
elles deviennent des cobayes pour la
recherche médicale, et elles se sentent
"punies" avec une méthode d'avortement
qui fait souffrir.

The use of prostaglandins as a method of
abortion in Germany (FR) and Switzerland;
the effect on women of this: they become
guinea-pigs for research, and they feel
"punished" by having an abortion which
is very painful.

"La Realidad del Aborto"
(see "Audio-visuals")

"Schwangerschaftsabbruch"
Fraue-Zitig, Postfach 648, 8025 Zürich,
Schweiz (Switzerland). Mai-Juli 1978.

Ist die soziale Indikation wirklich so
sozial? Ein Bericht der Schwangerschafts-
abbruch-Gruppe.

Is the social indication for abortion
really so social? A report of the
Abortion Group.

Schwangerschaft und der neue § 218.
A abtreibung in der BRD. Praxis und
Möglichkeiten. Handbuch für Frauen.
Frauenaktion Dortmund (FAD), Hamburger
Str. 43, 4600 Dortmund 1, Bundesrepublik
Deutschland (Federal Republic of Germany).
1976.

Dies ist das klassische Buch aus der
Frauenbewegung über alles, was mit der
Abtreibung zusammenhängt. Die Frauen,
die das Buch gemacht haben, bitten
andere, ihnen über ihre Erfahrungen zu
berichten.

The classic book from the women's move-
ment dealing with everything about abor-
tion. The women who compiled the book
would like to hear from other women about
their experiences.

"Second-trimester abortion in the United
States"
John Benditt. Family Planning Per-
spectives, Vol. II, No. 6, November-
December, 1979. The Alan Guttmacher
Institute, 515 Madison Ave., New York, NY
10022, USA. English.

Overview of current status of second-
trimester abortion in the USA, in part
a summary of a September 1979 conference
held on the subject. Some discussion
of controversies surrounding use of D&E,
prostaglandin, and saline methods.

"Seizing the means of reproduction: an illegal feminist abortion collective--how and why it worked"

Pauline Bart. Available from the Boston Women's Health Book Collective, Box 192, West Somerville, MA 02144, USA. English \$1.00.

A feminist sociologist's history and analysis of a unique underground service in Chicago, USA, before abortion was legalized. Contains valuable insights on women-controlled abortion relevant for many countries.

"The silence is broken"

Risk Vol. 13, No. 1., 1977. World Council of Churches, 150 route de Ferney, 1211 Geneva 20, Switzerland. English. Single issue SFr. 4.50, yearly subscription (4 issues) SFr. 16.00.

Edited by ISIS Switzerland, this special issue on abortion presents views from the church alongside very different views from a group of feminists. Includes seven "myths" about abortion, and the story of French women's fight for liberated abortion.

"Tien Jaar Dolle Mina" (Ten Years Dolle Mina)

Aukje Holtrop, in *Vrij Nederland*, Postbus 1254, 1000 BG Amsterdam, Nederland. 15 March 1980. Nederlands.

Dit artikel handelt over de eerste tien jaar die de feministische groep Dolle Mina nu bestaat. Het beschrijft de strijd rond abortus en de rol die de Dolle Mina groep daarin gespeeld heeft.

This article about the ten years of the feminist Dolle Mina group in the Netherlands recounts the struggle for abortion and Dolle Mina's role in that struggle in the Netherlands.

Vivre Autrement dès Maintenant

MLAC Rouen Centre, FM/Petite Collection Maspero, 1 Place Paul-Painlevé, Paris 5^e, France. 1975.

L'histoire de la lutte de Rouen pour l'avortement et la contraception; la méthode Karman, la loi, la sexualité; vie de militante.

History of the Rouen struggle on abortion and contraception; the Karman method, the law, sexuality, militant life.

When Birth Control Fails...How to Abort Ourselves Safely

Suzann Gage. Speculum Press, P.O. Box 1063, Los Angeles, CA 90028. 1979. English. \$5.95.

This book is based on the realization that women have always sought abortions and always will, with whatever information and tools are available to them. The information offered is extremely valuable, covering a variety of abortion techniques, including minor and major complications. It includes specific directions on how to construct and use early abortion equipment safely and cheaply. It also demystifies the abortion process. Yet it is not a recipe book, to be dipped into at any point, with guaranteed results each time. Not only must it be read in its entirety, but all that one needs to know about abortion is not - could not be - in a book this size. It is uneven, too simplified in some places. Women vary so much, and so do abortion methods. Some methods are dealt with in great depth, others do not include sufficient detail. It is not always clear what has actually been tried, with what results, and what is theoretical or hypothetical. In order to use this book realistically, one needs to know a great deal about abortion. For this reason, hopefully, no woman would ever try to use it alone. Because there is no substitute for experience, this work should always be done in groups, with experienced workers guiding and teaching newcomers. As a tool for groups, When Birth Control Fails is a creative, stimulating overview of the kinds of background, networking, and learning that will be needed if women are every going to be able to provide safe, early, supportive abortions for one another.

"Who are the anti-abortionists?"

Madeleine Simms, Raewyn Stone. NAC, 374 Grays Inn Rd., London WC1, England. 1979. English.

Two articles detailing the arguments of anti-abortionists, and identifying who they are (the Catholic Church, and so-called pro-life groups). This material was part of an International Women's Forum organized by the National Abortion Campaign, and will form the basis of a more detailed pamphlet to be produced in 1980.

"Women and the Swedish health care system"
(see "Sweden")

Wir wollen nicht mehr nach Holland fahren
Nach der Reform des § 218--betroffene Frauen ziehen Bilanz. Pöwoldt Taschenbuch Verlag, Hamburgerstrasse 17, 2057 Reinbek/Hamburg, Bundesrepublik Deutschland (Federal Republic of Germany)-1978.

Neben vielen Erfahrungsberichten gibt es einen Bericht über die Erfahrungen des Frauenzentrums Frankfurt und Neu-Isenburg und eine Darstellung, warum sie keine Abtreibungsfahrten nach Holland mehr organisieren. Ausserdem eine Erläuterung des § 218, den kompletten Gesetzestext und eine Liste der Pro-Familia-Beratungstellen.

Many personal experiences of abortion, and a report by the women's centres of Frankfurt and Neu-Isenburg on why they no longer want to organise "abortion trips" to Holland. Explanation of § 218 including the entire legal text, and a list of Pro-Familia counselling centres.

(F) STERILIZATION AND STERILIZATION ABUSE

"Bevölkerungspolitik und Sterilisationsmissbrauch"

Clio Nr. 4, April 1977.

(see "Federal Republic of Germany")

Diese Nummer enthält verschiedene Artikel über Geburtenkontrolle und Sterilisationsmissbrauch, sowie Erklärungen, was Sterilisation ist, und wie sie in der BRD, in den USA und in der Dritten Welt gehandhabt wird.

This issue has several articles on population control and sterilization abuse, as well as explanations of what sterilization is and the way it is practised in

the Federal Republic of Germany, USA, and the Third World.

"Blood of the Condor"
(see "Audio-visuals")

COMMITTEE TO END STERILIZATION ABUSE
(see USA)

"India being taken for a ride"
(see "Population Control")

"Reproduction ethics and public policy: a look at the federal sterilization regulations"

Ros Petchesky. Hastings Center Report, October 1979. Available from CARASA (see "USA"). \$1.00.

Discusses various social and economic forces which have resulted in the legitimization of coercive sterilizations. As the author points out, "if 'voluntary sterilization' is a widely growing trend, and indeed portrayed as chic and even 'liberating', then incidents of coerced sterilization may appear in a somewhat different, less suspect light."

"Second thoughts about sterilization"
Karen Wynn. Sister 1977. 250 Howard Avenue, New Haven, CT 06519, USA. 50¢

Describes laparoscopic sterilization technique and some of the subsequent complications not yet adequately understood. Unfortunately, most women get little information about these possible consequences (e.g., irregular and excessive bleeding, complications from anesthesia use, perforation or burning of the uterus, eventual required hysterectomy).

"Sterilization"
Sue O'Sullivan. Spare Rib, No. 77, December 1978.
(see "Basic International Resource List")

Explores why some women are choosing to be sterilized, then describes different ways of obtaining sterilizations (on the National Health Service, through British Pregnancy Advisory Services), including information about the advantages and disadvantages.

Sterilisation. Eine Notlösung, die wir uns erst noch erkämpfen müssen

Freia Hoffmann. Verlag Frauenoffensive, Josephsburgstrasse 16, 8 München 80, Bundesrepublik Deutschland (Federal Republic of Germany). 1975.

Broschürte Textsammlung. Enthält Informationen über Sterilisationsmethoden und die rechtliche Situation; Bericht über laparoskopische Sterilisation in Holland; Aufsatz über gesellschaftliche Einstellung zur Kinderlosigkeit.

A collection of articles about methods of sterilization and the legal situation; report on laparoscopy in Holland; society's attitude to childlessness.

"Tubectomy by paraprofessional surgeons in rural Bangladesh"

Suzanne and Zafrullah Chowdury. The Lancet, September 27, 1975.

Report on tubectomy in Bangladesh, where this surgery is very often performed by women paraprofessional workers. Comparison between tubectomies done by paraprofessionals and professionals show that the results of paraprofessionals are in no way inferior to the results of professionals. The infection rate in tubectomies done by paraprofessionals was even lower than by those of performed by professionals. Method, training, and results are described in this article. Unfortunately, studies such as these can be used by population control organizations to increase activities and programs which result in sterilization abuse.

Women Under Attack: Abortion, Sterilization Abuse and Reproductive Freedom

Committee for Abortion Rights and Against Sterilization Abuse (CARASA), 386 Park Avenue South, Rm 1502, New York, NY 10016 USA. 1979. \$2.50 each. Ten or more, \$2.00 each prepaid.

Outstanding presentation of the current issues surrounding abortion and reproductive rights in the U.S., includes history, politics of right-wing opposition, the law, victims of funding cutbacks, etc. Particularly good linking the issues of sterilization abuse and abortion cutbacks. Good bibliography.

Workbook on Sterilization and Sterilization Abuse

Ad Hoc Women's Studies Committee Against Sterilization Abuse, Available from Women's Studies, Sarah Lawrence College, Bronxville, NY 10708, USA. Revised, 1980.

New approach to study of this option emphasizes consumer involvement.

(G) POPULATION CONTROL

"Bevölkerungspolitik und Sterilisationsmissbrauch"

(see "Sterilization")

"Birth rate politics in Eastern Europe and USSR"

ISIS Bulletin, No. 7, Spring 1978.

English. (see "Basic International Resource List")

How women's needs and "right to choose" are still sacrificed to the economic and production needs of Eastern European countries and the USSR.

"Contraceptive research"

Judy Norsigian. ISIS No. 7, Spring 1978. (see "Basic International Resource List")

Testimony given on behalf of the National Women's Health Network, USA, by one of the co-authors of Our Bodies, Ourselves, analyzes how contraceptive research decisions are made by the U.S. government--what kind of research receives priority, who carries out that research, and who makes policy decisions in this area. Increased emphasis on more invasive, irreversible and dangerous methods was noted, as was lack of informed consent for Third World women in the U.S. and other countries who are using these methods. The dominance of males in this research, as well as the failure to meet clinical investigatory standards, is also documented.

"Fascist eugenics in Singapore"

Linda Tai-Lur. Movement No. 28, 1977. Student Christian Movement of Britain and Ireland, P.O. Box 532, Birmingham B29 6LG, England.

Examination of the law encouraging sterilization after the birth of a second child, and the politics of coercive birth control methods in Singapore.

Family Planning in Five Continents 1979
International Planned Parenthood Federation, 18-20 Lower Regent Street, London SW1 4PW, England. 1979. English. US \$2.75, £1.25.

Invaluable directory providing a summary of the current family planning situation in every major country. Basic demographic statistics are provided for each country together with information on government policies, public and private programmes, sex education activities, legislation affecting family planning and assistance provided by government and non-governmental organizations.

Family Planning Perspectives
The Alan Guttmacher Institute, 515 Madison Ave., New York, NY 10022, USA. English. \$25.00/year.

Bi-monthly with many current and informative articles on contraception, abortion, sterilization, government policy, and population control efforts, frequently international in scope.

The Human Problem of Abortion: Medical and Legal Dimensions
International Planned Parenthood Federation (IPPF). 1979. English, French, Spanish. £1.75, US \$3.75. (see "Population Control")

Survey of abortion practices worldwide, showing the effects restrictive laws on abortion and contraception practices have on rates of illegal abortions. Lower rates prevail in countries with more liberal laws. The wide variety of legal, social and medical settings which exist are presented, followed by recommendations and possible solutions. Medical information on different procedures and services which should be offered are presented from an expert viewpoint, stressing that legal reform without provision of services will accomplish little.

"India - being taken for a ride"

Charlotte Fenton. Abortion Internationally, NAC, 374 Grays Inn Rd., London WC1, England. 1978. English.

Describes the policy of sterilization carried out in India from 1976 to 1978, which alienated many people from the whole idea of contraception.

Intercom
Population Reference Bureau, 1337 Connecticut Ave., NW, Washington, DC 20036, USA. English and Spanish editions. One-year subscription: individuals \$25.00, college teachers \$15.00, students \$5.00.

Monthly international population control newsletter. Contains interesting reports and articles about abortion, contraception, fertility trends, etc., from around the world. Lists recent contracts and grants for population-related research. Useful publication for monitoring population control activity.

IPPF Medical Bulletin
International Planned Parenthood Federation, 18-20 Lower Regent St., London SW1Y 4PW, England. English, French, Spanish. Free.

A bimonthly news bulletin from a major population control organization on aspects of population control, reviewing studies, books, symposia, etc. Contains updates on contraception, abortion, sterilization, population policy.

"Japan: have babies, increase our prosperity"
Victoria Greenwood. Abortion Internationally, NAC, 374 Grays Inn Road, London WC1, England. 1978. English.

Describes the abortion law in Japan, with its emphasis on "eugenic protection," that is, allowing abortion in cases where babies may be physically or mentally handicapped, or where they may be born into conditions which may have a detrimental effect on them. Shows how the evolution of the abortion law has always been linked to the importance of increasing the (strong) labor force, and creating a "pure" race.

"Latin America: Control of Reproduction"
Latin American Women's Group. ISIS
Bulletin, No. 7, Spring 1978.
(see "Basic International Resource List")

A powerful summary of the situation of Latin American women, whose needs for control over their bodies and their lives are being manipulated by religious interests and population control agencies. Case examples include: abortion, surgically associated sterilizations in Guatemala, genocidal sterilization of Indian women in Bolivia, and lethal injections of Chilean women. From the report presented at the International Feminist Meeting in Paris, May 1977. Translated from the original Spanish by ISIS.

Newsletter

India Population Project, Population Centre, Ram Sagar Misra Nagar, Lucknow, 226010, India.

Reviews activities and outcomes of population projects in India, summarizes research in area of family planning.

People

International Planned Parenthood Federation, 18-20 Lower Regent St., London SW1 4PW, England. English, French, Spanish. US \$15.00/year.

Quarterly magazine of a major population control organization, self-described as "a development magazine, reporting world-wide on the effort to balance resources and population, to promote planned parenthood and to improve the human condition." Specific themes each time, e.g., aging in Europe, the Muslim world, population and employment. Good articles, news updates and book reviews. Since it is dealing broadly with population, always carries information of interest to women, on abortion, abortion laws, contraception, breastfeeding, etc. Also produces charts from time to time on availability of contraception, abortion laws, etc.

"Population control in Bangladesh"
Jeanne Saint. Abortion Internationally
NAC, 374 Grays Inn Road, London WC1, England. 1978. English.

Outlines the "population control policy" undertaken by the Government of Bangladesh in collaboration with outside agencies such as the United States Agency for International Development. Such a policy focuses on "motivating" women and men to be sterilized, and women to take the pill, but has overlooked conditions of poverty where people need children in order to survive. "Population control does not give the women of Bangladesh better health, more money, or a full stomach. All it gives them is £0.50 and a new sari," concludes the author.

Population Reports

Population Information Program, 1343 H. Street, NW, Washington, DC 20005, USA. Irregular. English, some in Spanish.

Frequent complete literature updates on abortion, contraceptive, and sterilization methods. Program also conducts literature searches on aspects of population.

Population Target: The Political Economy of Population Control in Latin America

Bonnie Mass. Women's Press, Toronto, Canada. 1976. English.

Pioneering marxist analysis of population control policies and their application in different countries, specifically on the abuses of women. Good documentation with references.

"Private organizations in the population field"

Population, No. 10, September 1979.
Population, 1120 19th Street, NW, Washington, DC 20036, USA. English.

A useful, annotated list for anyone doing research in this area.

"Report on legal aspects of population planning in Bangladesh"
Mohammed Sohrab et al. The Bangladesh Institute of Law and International Affairs
Dacca, Bangladesh. 1978. English.

Compilation of laws and regulations in Bangladesh related to population planning. Suggests "necessary changes," including the enforcement of population control through legislation and coercion.



Sterilization and Population Control

The attack on abortion can only be fully understood in the context of a related and dangerous trend: the rise in the government's and family planning establishment's promotion of sterilization as a means of contraception. Female sterilization—in its most technologically sophisticated version—is a simple but irreversible operation that renders a woman unable to bear more children. Not only is sterilization the "final solution" to an individual woman's decisions about childbearing, but for many population "experts" and government officials, it is the "final solution" to political, social, and economic problems generated out of class and racial inequality. Spokesmen for the Agency for International Development have publicly stated that U.S.-funded sterilization programs in the Third World are expected to cure "social unrest" by diminishing the numbers of dissatisfied people. The notion that revolutionary activity stems from overpopulation and that, therefore, population control can suppress it, is clearly inaccurate, since it locates the source of social problems in sheer numbers of people instead of in the structure of the social system in which those people live. Yet this sort of thinking motivates many population control groups that shape government policy with regard to the Third World.

Sterilization Abuse and Protection Against It

Involuntary sterilization is a violation of a woman's reproductive freedom. We must be alert to all forms of active or *de facto* restriction of our right to choose to bear or not to bear children, and specifically to different kinds of sterilization abuse. Such abuse occurs whenever:

- a woman is sterilized without informed or voluntary consent, or chooses sterilization when she is in labor or because lack of access to adequate contraception and abortion makes sterilization the only alternative to more children;
- she is led to believe, falsely, that sterilization is reversible, or is provided "information" in a language not her own;
- she is threatened with loss of medical services or welfare benefits if she refuses sterilization;
- sterilization is made the condition for an abortion;
- sterilization is done for so called "eugenic" purposes as defined by the state;
- sterilization is presented as perfectly safe, "problem-free," or "medically indicated";
- a person truly chooses sterilization but is denied the operation.

A.I.D.-ING THE THIRD WORLD

U.S. EXPORTS STERILIZATION

The United States is seeking to provide the means by which one quarter of the fertile women in the Third World can be sterilized.

Fantastic as this might seem, it is not fantasy, but policy straight from Dr. R.T. Ravenholt, Director of the U.S. Office of Population, who told the *St. Louis Post-Dispatch* in the spring of 1977 that as many as 100 million women around the world might be sterilized if U.S. goals are met.

Ravenholt, whose office is part of the U.S. Agency for International Development (AID), explained just why the U.S. should lead world population control efforts. First, he

presented the familiar argument of overpopulation or, as he put it, "Resources divided by population equals well-being. We're trying to lower the denominator in that equation."

But which people? And what resources? Ravenholt hinted at answers when he told the *Post-Dispatch* that population control is also needed to maintain "the normal operation of U.S. commercial interests around the world. Without our trying to help these countries with their economic and social development, the world would rebel against the strong U.S. commercial presence," he said, "The self-interest

thing is a compelling element."

Finally, said the Population Director, a continuation of the "population explosion" would result in such terrible socio-economic conditions abroad that revolutions would result. And revolutions, he suggested, would be harmful to the U.S.

Certainly the reasons the U.S. is pursuing an extensive population control policy are not simple. What is important is that such a program manages to give the appearance of addressing social problems while at the same time leaving U.S. domination unchallenged.

from: DOLLARS AND SENSE

No. 32, 1977

THE MYTH OF OVERPOPULATION

Overpopulation, or too many mouths to feed on too few resources, is the popular argument supporting U.S. population control efforts. A look at the facts throws this theory into question.

First, high density population does not make a country poor. For example, there are four European countries with population densities higher than India which has 463 people per square mile.

Second, world food production is growing faster, not slower than population. Between 1950 and 1975, production of cereal grains increased by 39% while the world's population increased by 33%. Per person, cereal production rose by 4.5% in the same 25-year period.

Third, distribution of this food has grown more unequal. More than half the increased productivity since 1951 has been absorbed by the richest 30 percent of the world population, while the rest was spread unevenly among the remaining 70 percent of the population.

Some of this inequality is a result of the Green Revolution technology responsible for production in-

creases in India, as well as other countries in Asia, Latin America, and Africa. Large machinery, fertilizers, and insecticides are expensive and can be used only by wealthy landlords on large-acre plantings. Peasants thrown off the land and deprived of subsistence work by mechanization go to the cities to join the ranks of the jobless, hungry, and impoverished there.

Much of the food grown in the Third World is not consumed there. It is produced under the ownership of corporations from the "developed" world specifically for export.

Finally, multinational corporations have promoted the production of nonessential crops — coffee, tea, cocoa, nuts and oil, tobacco, rubber, and cotton — for the world market without regard to the economic distortion and disaster which result.

Sources: *Scientific American*, 9/74; *UN Food Balance Sheet*, UN Food and Agricultural Organization; *Population Target*; "When More Food Means More Hunger," Institute for Food & Development Policy, 1976; *UN Statistical Yearbook*, 1976. See also *D&S* #7.

from *Dollars and Sense*, No. 32, 1977

"Research: a method of colonization"
Zafrullah Chowdury. Bangladesh Times,
13/14 January 1977. Available from
Gonoshasthaya Kendra, P.O. Nayarmat,
District Dacca, Bangladesh. English.

Exposé of an elaborate research programme
set up by various US interests (founda-
tions as well as medical schools) to
train their own medical students, and
introduce US drug companies via univer-
sity "development" programmes. Gives
details of the Bangladesh experience
and specific cases (e.g., cholera
vaccine project, fertility research
project) financed by Ford, USAID, World
Bank, etc. Shows ruinous effects on
Bangladesh health care.

INTERNATIONAL PLANNED PARENTHOOD
FEDERATION

18-20 Lower Regent St., London SW1Y 4PW,
England. Tel: 01-839-2911.

IPPF is an international non-governmental
organisation which believes knowledge of
family planning is a basic human right.

"The balance between the population of the
world and its natural resources and pro-
ductivity is a necessary condition of
human happiness, prosperity, and peace."
It is made up of national family planning
associations who must be independent of
commercial interests, non-discriminatory
regarding race, creed, politics or sex.
IPPF began with the family planning
movement pioneered in the early years of
this century, and was established in
1952.

The main aims of IPPF are to achieve
throughout the world: the initiation and
support of family planning services; an
increased understanding by people and
governments of the population problems
of their own communities and of the world
as a whole. IPPF carries out programmes
and research. It has 90 affiliated
associations and supports family
planning activities in more than 100
countries.

¿Quiénes Controlan el Control de la
"Natalidad"?

Creatividad y Cambio, Jr. Callao 573,
Apt. 5132, Lima, Perú, S.A. Español.

¿Quiénes son las grandes instituciones
privadas que auspician los Programas de
Control de la Natalidad en todos los
países del Tercer Mundo? ¿Cuál es el
papel de las Naciones Unidas? ... Y la
intervención imperialista de la A.I.D?
Finalmente se incluye una breve descrip-
ción de los Programas de Planificación
Familiar, Investigación y Control de
la Natalidad en el Perú.

Which are the large private institutions
funding and supporting birth control
programs in third world countries? What
role is the United Nations playing? ...
and the imperialist intervention through
AID?. Finally, a brief description of
the birth control and research programs
in Peru is included.

"Sex education and population policies
in Brazil"

Carmen Barroso. Fundação Carlos Chagas,
Av. Prof. Francisco Morato 1565,
S. Paulo, Brazil. 1980. English.

Six-page paper which outlines pro- and
anti-natalist policies in Brazil, and
goes on to speak of women's rights:
"To block women's access to contraception
is a form of coercion that forces a
woman to have a child she does not want.
On the other hand, not to provide women
with basic means to feed and raise
children, is equivalent, in practice, to
prohibit women even to desire children."
Supports fundamental economic and social
changes, sex education, and availability
of contraception and abortion.

ADDENDA (to "Sexuality" and "Population
Control")

La Parole aux Nègresses

Awa Thiam. Denoël Gonthier, Paris, France.
1979. Français. FF44.

This Senegalese writer uses direct inter-
views with women from Mali, Guinea and
Senegal to present a picture of oppressed
African women. "The result is a poignant
picture of the extent to which millions of

African mothers, sisters, and wives have been subjected morally, psychologically and physically to what she terms 'phallocracy, male domination'... "what Awa Thiam documents about female circumcision and infibulation and polygamy is a call for an all-out war against the remnants of such archaic customs and traditions engrained in African social systems." (from a review in People, Vol. 6 No 2, 1979.)

"Population organizations in the population field"
Population, No 10, September 1979. The Population Crisis Committee, 1120 19th St. NW, Washington, DC 20036. English. Free.

"Briefing papers on issues of national and international importance in the population field." This issue lists 37 organizations, their purposes, functions, publications, budgets, sources of funding, affiliations, etc. Addresses, phone numbers, governing and key staff names, etc. Indispensable.



Within the NCWK members, however, the greatest fear and concern results from the fact that there is not sufficient reassurance coming from medical experts concerning the safety of modern Family Planning methods. Surely it is not enough for the expert to say — "the evidence available on this or that is not conclusive". Faced with such a

statement from the experts, what is the ordinary woman, anxious to practice Family Planning, supposed to do?

We are told that few women in developed nations are on the injection — (Depo-provera), yet we have evidence that this method is now being used almost indiscriminately in our country. Claims of strict control by the Ministry of Health appear very questionable. What control does the Ministry have over Private Doctors who advise large numbers of women?

We are, greatly concerned that there do not appear to be clearly laid down guidelines as to what the official government policy is in this area. Such a policy should strictly lay down who are qualified and entitled to deal with the application of the practical aspects of Maternal Child Health/Family Planning. It would also, and this is crucial, facilitate the close examination of new drugs and new Family Planning methods and be able to keep strict control of experimental programmes.

— Women in Kenya want to know about themselves and about any pills, injections and other methods of Family Planning that are being offered to them. The fact that the experts have voiced different opinions on some of the methods places a responsibility on the expert and the authorities to give to the woman full information and protect her from unnecessary risk.

We reiterate the fact that Kenya women want to plan their families. Let them do so with full knowledge of the dangers they face.

— We need urgently and sincerely to ask ourselves whether we would jeopardise the health of our nation in our effort to control 'the population explosion'. It is crucial that we establish our own research and even encourage direct and independent research into the whole area of Family Planning, as to long-term effects of modern Family Planning methods. We must never become the dumping ground for any half-baked



methodologies and drugs which the originators (for reasons well known to themselves) are unwilling to administer to their own people.

As is commonly known, modern Family Planning methods were introduced with mainly women in mind. Those early pioneers of the programme did not see that men were also essential participants and crucial agents in Family Planning. One of the consequences of this early omission is that the majority of our men remain totally ignorant of the facts and importance of this national programme.

We see it as a matter of urgency that widespread educational seminars be organised, aimed at Kenya's adult male population. The educated youth in Kenya do not need to be persuaded as to the merits or the necessity of Family Planning. We must ensure, however, that the prejudice of the fathers, based on ignorance, do not get transmitted into the children. The fathers must be educated. It is also very important for us to realise that the majority of women in this country do not make the decisions or are not in a position to do so. In many instances, they will go by what their husbands say or think. We see it as crucial that men are educated on this subject. We should also consider the publication of Family Planning Education materials that are aimed specifically at the male population.

Excerpted from the report of the chairperson of the National Council of Women of Kenya, KENYA WOMAN, Volume 1, Number 6, 1978.

4.
 LAS DROGAS Y SUS COMPAÑIAS
 LES MEDICAMENTS ET LES FIRMES PHARMACEUTIQUES
 ARZNEIMITTEL UND DIE PHARMAZEUTISCHE INDUSTRIE
 FARMACI E DITTE FARMACEUTICHE
 DRUGS AND DRUG COMPANIES (INCLUDES SMOKING, ALCOHOL, AND TRANQUILIZERS)

The impact of drugs and drug companies on the daily lives and health of women everywhere in the world is enormous. Besides chemical-based medicines, the drug industry produces a wide-range of products including fertilizers, pesticides, herbicides, soaps, detergents, cosmetics, perfumes and baby foods. As childbearers, food providers and the primary carers for the health of our families, women are major targets of the drug industry. Women are also most immediately affected by abusive manufacture and sale of harmful drugs and substances which affect our reproductive systems and unborn children as well as our general health.

The drug companies are among the most powerful multinational companies in the world, and among the most profitable. The main ones are all based in industrialized countries, notably Switzerland, USA, Federal Republic of Germany, United Kingdom, Japan, France and the Netherlands. The major concern of these companies is clearly profits -- not the health and well-being of people. Yet, in alliance with the western-based medical establishment, they exert tremendous influence over people's lives everywhere. This growing interdependency of the drug industry and modern medicine has implications for the whole world as western-style medicine becomes increasingly dominant.

The United Nations World Health Organization's model list of essential drugs numbers around 100, yet several thousand varieties and brands are currently being marketed by the drug companies.

Because of their vast profits and domination of the world market, pharmaceutical companies actually dictate priorities in health (or sickness) by deciding which drugs they are going to concentrate on researching and marketing. Companies will only invest in drugs which will sell widely and bring good returns. This means (a) they develop drugs for "rich country" diseases such as heart complaints, depression, insomnia, ulcers and cancer (frequently research consists of inventing "me-too" drugs which are simply one company's answer to a similar drug manufactured by another company) and (b) the poor country diseases will be overlooked unless there is likely to be a long-term profit, as with birth control pills and injections for the "population disease." Indeed, contraception is one area of research where priorities are not only set by the industry but are carried out by men on and for women. Oral and injectable contraceptives are much more expensive than barrier methods, and so more profitable. They are also much more dangerous. Research done on male contraception is minimal.

(ISIS International Bulletin, 7, "Women and Health, Part 1)

Experimentation of dangerous contraceptives has been and is being carried out on women, particularly poor and Third World women. To name just one case, Depo-Provera (Upjohn, USA), an injectable contraceptive for women, although not approved for use in the USA is marketed elsewhere in spite of numerous known harmful side-effects and unknown long term effects. Pregnant women have also been given drugs whose effects were unknown until they manifested themselves in tragedies such as babies deformed by thalidomide or DES-caused cancer.

Some drugs with harmful long-term or side-effects are banned for use in the industrialized country where they are manufactured but sold in other countries with less stringent

regulations. In many instances drug companies fail to warn doctors and users of a drug's potential harmful effects either in the labelling or in the promotional literature. Thus a dangerous drug prescribed in the USA only as a last resort for serious illness may be pushed over the counter for relief of common cold symptoms in a Third World country where labelling, sales and prescription regulations are less strict.

The drug industry is also responsible for many environmental and occupational health hazards, particularly in the production and use of poisonous pesticides and herbicides.

We must not overlook the role of the drug industry in medicalizing normal functions and non-medical problems. This is especially evident in industrialized countries where women have become prime targets for psychoactive drug pushing. Tranquillizers and anti-depressants are prescribed as the answer to the anxiety and frustration of not being able to cope with oppressive roles and situations assigned to women in a sexist society.

As objects of desire, women are bombarded by the chemical industry to buy cosmetics and other beauty products. Increasingly, women have also become targets of two related industries: tobacco and alcohol. Smoking and drinking are on the increase among women and are being advertized by these powerful multinational interests as symbols of women's "Liberation."

Aggressive advertizing is used by the drug companies to push their products not only directly to the consumers but to doctors, hospitals and health workers. This takes the form of publicity, gifts, grants and donations to medical students, doctors, hospitals and others in the field of health.

The women's movement is attempting to deal with these problems caused by drugs and the drug companies in several ways: by investigating and publicizing harmful practices and substances, by conducting campaigns against these, and by finding ways to avoid the harmful effects of drugs on women, by learning about our bodies and healthful living and about healing ourselves. The section of this Guide on Self-Help and Healing Ourselves tells about how women are doing this.

Chemical Use/Abuse and the Female Reproductive System

Nancy Gray. Do It Now Foundation, Box 5115, Phoenix, AZ 85010 USA. 1976. English. \$.50.

Covers effects of legal and illegal (USA) drugs during pregnancy, including alcohol, aspirin, tranquilizers, etc.

"Contraceptive Research - For Whose Protection" (see "Contraception")

"The corporate crime of the century" Mother Jones, November 1979. Mother Jones Reprint Service, 625 Third St., San Francisco, CA 94107, USA. 50¢ per reprint, minimum order of 2 copies.

Powerful exposé of drug and product "dumping" by the USA in other countries.

"A critical look at the drug industry: how profit distorts medicine"

Concerned Rush Students. C/o Science for the People, 897 Main St., Cambridge, MA 02139, USA. 1977. English. \$2.50

This excellent paper by US medical students documents the powerful influence of the USA's most profitable industry on the institution and the practice of Western medicine. Described in detail are the mechanisms which consolidate that power-- gifts and "help" to students, direct professional affiliation with organized medicine, aggressive advertising and marketing practices beamed at all physicians, and the increasing development of pharmaceutical "answers" to all of life's problems. The report shows how the drive for profits ultimately leads to the undermining of responsible research, and the evasion of safeguards in the laws of some countries through multinational expansion and production.

DO IT NOW FOUNDATION
(see "USA")

FARMACIEWERKGROEP
(see "Netherlands")

The Health Consequences of Smoking for Women

- A report of the Surgeon General. 1980. US Department of Health, Education and Welfare, Public Health Service, Office on Smoking and Health, 1-58 Park Bldg., 5600 Fishers Lane, Rockville, MD 20857, USA

Complete documentation on the range of women's health problems associated with smoking--reproductive and non-reproductive --including occupational health and drug use, is included, primarily for US populations.

Hungry for Profits
(see "Food and Eating")

Insult or Injury? An Enquiry into the Marketing and Advertising of British Food and Drug Products in the Third World
(see "Food and Eating")

The Invisible Alcoholics: Women and Alcohol Abuse in America
Marian Sandmaier. McGraw-Hill, 1221 Avenue of the Americas, NY, NY 10020, USA. 1980. \$9.95.

Over 3 million women in the USA are alcoholic, coming from all socioeconomic backgrounds and age groups. The author, a feminist, discusses the reasons women drink and why treatments designed for men won't work for women. Included are many interviews with women and practical information on sources of help.

- "Kritische Arzneimittel-Information"
Clio Nr. 7, Dezember 1977/Januar 1978.
(See "Federal Republic of Germany.")

Ein Artikel über bestimmte Arzneimittel und ihre Wirkung bei Frauen, insbesondere Duogynon, die Pille, und Diaethylstilboesterol.

An article about certain drugs and their effect on women, in particular, Duogynon, the Pill and DES.

"Medikamentenmissbrauch"

Clio Nr. 10, Oktober 1978. (See "Federal Republic of Germany")

Mehrere Artikel hauptsächlich über Medikamentenmissbrauch - Marktpolitik der pharmazeutischen Industrie, und über die Gefahren von vielen Medikamenten für Frauen, z.B. Prostaglandin, Pille und Rauchen, Abmagerungspillen, Oestrogene in der Menopause.

The major articles in this issue are on drug abuse - politics of the pharmaceutical industry, and the dangers of many drugs for women, e.g. prostaglandin, the Pill and smoking, slimming pills, estrogens for menopause.

NATIONWIDE WOMEN'S PROGRAM OF THE AMERICAN FRIENDS SERVICE COMMITTEE ("WOMEN AND GLOBAL CORPORATIONS")
(see "USA")

"Only Women Bleed"
(see "Contraception")

Over 50 Handbook for Safe Medicine Use
Mary Stern. Foundation for Innovative Health Education, Box 19085, Orlando, FL 32814, USA. 1979. \$2.00

In large, easily-read type. Includes sections on mixing medicines, how aging affects the action of medicines on our bodies, common drugs prescribed to people over 50, etc.

Poor Health, Rich Profits: Multinational Drug Companies and the Third World
Tom Heller. Spokesman Books (Bertrand Russell Peace Foundation, Ltd.) at Bertrand Russell House, Gamble Street, Nottingham, England. 1977. English. £1.25

Concise description of the international pharmaceutical industry as it relates to less developed countries. Explodes the myth that these markets are assisted in their development by the presence and practices of the multinationals, showing that relevant "technology transfer" has been virtually absent. Concludes with examples of efforts to change these trends, including strong UN recommendations to improve the power of less developed countries.

Q.O.L. RESOURCE DIRECTIONS
(see "Canada")

The Selection of Essential Drugs
Report of a WHO Expert Committee, WHO,
Geneva, Switzerland. 1977. French,
English.

Essentially gives guidelines for establishing a list of essential drugs, indicating that each country should establish a committee to do this, and that drug selection should be based on the results of benefit and safety evaluations obtained in controlled clinical trials and/or epidemiological studies. States that the international nonproprietary (generic) names for drugs or pharmaceutical substances should be used, and gives a model list of essential drugs, in categories. Outlines areas for "self-reliant" research and development and gives recommendations for the development of the WHO programme on essential drugs.

Seveso est Partout
(see "Women and Environmental Health")

"Situational analysis: profile of women's smoking habits in continental Western Europe"

A. LeMeitour-Kaplan. In Health Consequences, Education, Cessation Activities, and Governmental Action, Vol. II. Proceedings of the Third World Conference on Smoking and Health, New York City, June 1975. DHEW Publication No. (NIH) 77-1413, 1977.

Reports on separate surveys. Preliminary findings include: twice as many girls aged 17 1/2 years smoke compared with girls aged 21 1/2 (Switzerland); more single women smoke (Sweden, Finland); 62% of women smoked in 1970 and highest rate of smoking was found among women 19-24 years (Netherlands.)

"Smoking or health: the choice is yours"
World Health, Magazine of the World Health Organization, Av. Appia, 1211 Geneva 27, Switzerland. February-March 1980. English, French, German, Italian, Arabic, Persian, Portuguese, Russian, and Spanish. Free.

Special issue on smoking. Includes articles on the economics of tobacco, smoking

legislation, women and smoking, etc. Excellent graphics.

"Tobacco - hazards to health and human reproduction"

Population Reports No. 1, 1979. Johns Hopkins University, Baltimore, MD 21218 USA

Documents the growing smoking pattern among women, especially women of the Third World. Shows that although for a healthy, well-nourished woman in her 20's who smokes moderately and has access to good medical care the risks of losing a child are not great (perhaps 10-20 percent greater than for a non-smoker). For a woman in, say, Bangladesh who is older, poor and malnourished, the risk may be much higher (as much as 100 percent higher than for a non-smoker.)

"Ungefährliche Medikamente?"
Protokolle Nr. 19/20 1978 (See "Federal Republic of Germany")

Informationen über: die Pille, Hormone, Beruhigungsmittel, Schlafmittel, Schmerzmittel.

Information on drugs: the Pill, hormonal preparations, tranquilizers and sleeping pills, and painkillers.

"Der verdammte Alkohol - Alkoholismus und Frauen"

Courage, November 1979. (See "Federal Republic of Germany")

Who Needs the Drug Companies?

Haslemere Group, 467 Caledonian Rd., London, N7, England. 1976. English. 50 pence.

Well-written and illustrated booklet which looks at how the drug industry works. Uncovers some of the malpractices that have occurred both in industrialized and Third World countries. The role of drugs in relation to the real health needs of developed and developing countries is questioned, with a section on the Pill and on anti-depressant drugs. A final section suggests possibilities for change both in the way the drug industry operates (particularly in Third World countries) and change in consumer and doctor attitudes towards drugs. A well-documented basic study on the drug industry. Extensive references.

5.
 ALIMENTACION
 LES ALIMENTS ET L'ALIMENTATION
 NAHRUNG UND ESSEN
 CIBO E ALIMENTAZIONE
 FOOD AND EATING(SEE ALSO "PREGNANCY AND BIRTH")

Everywhere in the world, women are producers of food. In most of Sub-Saharan Africa, much of South East Asia and some parts of Latin America, women make up 50-90 per cent of the agricultural labour force. In all countries of the world they prepare, preserve and cook food, and are generally responsible for people's nourishment.

Yet this intimate involvement of women with food in no way reflects a situation of control over food production or what is consumed. In developing countries, present patterns of food production date back to colonial times when subsistence farming of families and communities was typically replaced by plantations or cash crops such as coffee, cotton, jute and peanuts, to be sent back home to Western markets. Land expropriation through this pattern of agriculture hit women particularly hard because (a) they were confined to the poorest land for production of subsistence food for their families, and (b) they no longer had help from the men with the jobs of clearing land, sowing and harvesting, since the men went to work on cash crop cultivation (for wages.) As this process continued, in some areas of the world people lost their land completely, to join the mass of landless labourers whose only options are to work on other people's land (usually large farmers, or even companies) or to go to the city to find unskilled employment. If they work on the land, they produce cash crops for export in return for wages which barely enable them to buy newly imported foods such as bread, coca-cola, baby milk powder or canned beans. These imported foods frequently replace indigenous, locally grown nutritious foods, with grave consequences for people's health.

In industrialised countries, women have long since lost control over land, which is mostly farmed with a minimum of labourers and a maximum of machinery, fertilizers and pesticides. Instead they have the edifying task of going to the store to choose among the various pre-packaged, pre-prepared, industrially processed foods on the shelves. Many such processed foods have had so many of the natural nutrients taken out of them that these elements have to be put back again artificially, warranting the claim "enriched." Others have become so worthless that a vital part of one's diet consists of bottled vitamin and mineral tablets, also marketed in impressive quantities in the drug store. Finding food which has not been chemically tampered with becomes a major task, and the rise of the "health food store" as a speciality is a good comment on how most food is no longer inherently nutritious.

The complexities of the world food system can only be touched upon here, and are well analysed in some of the references cited in this section. It is important to note that patterns of food production are geared to high profit-making, and have little to do with healthy eating. Wheat, for instance, one of the major food staples of the world, is used in enormous quantities not for people's consumption, but as cattle feed; it is transformed into high-energy, expensive protein. Beef produced in this way costs the world 100 times as much in energy, labour and money as does the equivalent amount of wheat, and is available to a small minority of the world's population. Another example is the Green Revolution - a programme carried out in 1966-1970 to introduce high-yielding varieties of food crops in Third World countries, to solve the "food" problem - which did more to line the pockets of the multinational corporations who produce fertilizers, pesticides and high-yielding seed varieties, than it did to line the stomachs of the millions of people it was supposed to help.

Not surprisingly, then, the number of hungry and malnourished people in the world continues to grow at an alarming rate. The problem is not lack of food overall, but lack of access to food. For women there are additional problems:

In the same community, even in the same family, different members enjoy different levels of nourishment. Numerous economic and social factors determine how and if food supplies become available to individuals, and one of these factors is sexism. Many people in underdeveloped nations go hungry because they are women.

The mechanisms by which women lose out at the dinner table are complex. Within the family or social community, woman's low status means the men will usually eat first, and what's left is for women and girls. Economic discrimination compounds the situation: men earn much more money, are seen as more valuable and productive in the family, and so benefit more from the family's food resources - even though the women may have grown the food, processed it and cooked it. Oftentimes women have so accepted and internalized low self-esteem that they voluntarily acquiesce in such patterns.

Such hunger-causing disadvantages operate for women on a social as well as personal and familial level. Consider, for example, the ... statement that poverty causes hunger. Across the globe, women earn substantially lower wages than men - 60 percent less in parts of Asia, slightly less than that in the United States. Wherever money, not land, provides the basic access to food, such discrimination against women means that they, and those they support, may go hungrier.

(from "Sexism: a Hunger Issue" by Mary Roodkowsky, Food Monitor
March/April 1980, USA)

Food is basic to health. Many of the world's diseases could be totally eradicated or greatly reduced through access to an adequate balanced diet. Since women are so inalienably linked to providing and preparing food, this is of major importance to us. As with all other areas of our health, the key is control. Whether in industrialised or developing countries, women need access to food, to adequate food. This may mean breaking down sexist taboos and campaigning against chemicals and junk food. It certainly means more information about what foods we need and how we can get access to them. It also means stressing how permanent are the effects of women's malnourishment not only on them but on their future children, as well.

Additive Alert

Linda Pim. Pollution Probe Foundation,
43 Queens Park Cres. E., Toronto, Ontario
M5S 2C3, Canada. 1980. English. \$2.95
plus postage.

Handbook about food additives, including
information on safety. Describes complex
food additive laws in Canada.

Appropriate Technology for African Women

Mariilyn Carr. African Training and
Research Centre for Women of the Economic
Commission for Africa, United Nations,
Box 3001, Addis Ababa, Ethiopia.

Three sections cover: 1) the reasoning
behind, the relevance and application of
appropriate technology in countries in
Africa--looking at agricultural production,
irrigation, water supply, crop processing,
storage, food preservation, household

fabrics, shelter, consumer goods, community
goods and services; 2) the role of African
women in the development effort and how
important it is that improved technologies
reach them as well as men--gives numerous
examples of how men have been trained,
but women do the work; 3) description of
some of the village-level technologies
which are currently available to help
African women and looks at the work being
done by various organizations in Africa.

CENTER FOR SCIENCE IN THE PUBLIC INTEREST
(see "USA")

Diabetes Literature and Resources Packet
(see "Self-Help and Healing Ourselves")

Diet for a Small Planet

Frances Moore Lappé. Ballantine Books,
USA. 1975, revised edition. English.

Die Oeko-Diaet

Frances Moore-Lappé. Fischer Taschenbuch Verlag, Postfach 700480, 6 Frankfurt/Main 70, Bundesrepublik Deutschland (Federal Republic of Germany). 1978.

Gives excellent evidence that meat is an inefficient, sometimes unhealthy, source of protein. Tells how to produce high-quality vegetable protein and includes many good recipes.

"Diet for a Small Planet"
(see "Audio-visuals")

"Essen, unser Tägliche Gift"
Courage, Mai 1979. (See Federal Republic of Germany)

Verschiedene Artikel über Essen und Ernährung, chemische Zusätze und Alternativen.

A series of articles on food and eating, chemical additives, and alternatives.

Feeding Ourselves

Berkeley Women's Health Collective, 2908 Ellsworth St., Berkeley, CA 94705, USA. 1972. English. \$1.00

One of the early publications of the USA women's health movement addressing politics of nutrition. Also provides useful information on healthful foods.

The Feeding Web: Issues in Nutritional Ecology

Joan Dye Gussow. Bull Publishing, Box 208, Palo Alto, CA 94302, USA. 1978. English. \$9.95.

Excellent resource by a prominent food activist. Chapters include: population growth, world food supply, energy and food, food technology, and food advertising. Addresses important food and agricultural policy issues at both national and international levels. Lively reading, includes good selections from other authors.

"Fighting malnutrition with "Hyderabad mix"
Indo-Dutch project for Child Welfare, Chevella Block, 6-3-885, Somajiguda, Hyderabad District, A.P., India. Tel: 35938. English.

Small illustrated brochure explaining what this protein mix is and how it is used in

the Indo-Dutch project for Child Welfare.

Food Monitor

P.O. Box 1975, Garden City, NY 11520, USA. English. Subscription for 11 issues: USA, \$15.00; other countries, \$20.00

A review which provides information and analysis on food, land and hunger; discusses the obstacles that prevent people from feeding themselves; presents a positive, integrated and realistic view of complex issues; brings together the people, ideas and actions that combine to form a movement fighting to eliminate hunger and malnutrition. The January/February 1979 issue includes a section on women.

How the Other Half Dies: The Real Reasons for World Hunger

Susan George. Penguin, 17 Grosvenor Gardens, London SW1W 0BD, England. 1976. English.

Contents that the reason so many people are hungry in the world is not because of overpopulation, bad weather or changing climates, but because food is controlled by the rich. Multinational agribusiness corporations, Western governments with their food "aid" policies and supposedly neutral multilateral development organizations share the responsibility. Good, readable analysis.

Hungry for Profits

Robert J. Ledogar. IDOC North America, 145 East 49th St., NY, NY 10017, USA. 1975. English.

With very specific case studies and examples, this book examines the effect of pharmaceutical and food companies' activities in Latin America. Looks at the drugs, poultry, "high-protein" food, coca-cola, baby foods and sugar. Important resource.

"The inedible complex: the political implications of vegetarianism"
Carol Adams. The Second Wave, Vol. 4, no. 4, Summer/Fall 1976. Box 344A, Cambridge, MA 02139, USA. English. \$2.00

Increasingly, feminists are critiquing the food we eat and the food producers as part of a larger radical critique of society. This author is "convinced that there is

an evolution from becoming a feminist to incorporating vegetarianism in one's life" and views meat-eating as necessarily part of an aggressive, patriarchal system.

Insult or Injury? An Enquiry Into the Marketing and Advertising of British Food and Drug Products in the Third World.

Charles Medawar. Available from Social Audit Ltd., 9 Poland St., London W1V 3D6, England. Ll.50.

Excellent discussion of how misleading advertising and marketing to poor people affects nutritional status, health, and ultimately development. Detailed examples of strategies and activities of multinationals are given. They operate in a business climate where low or no controls and standards are enforced, and where bribery is easy. Excellent bibliography, well-referenced text.

Manual for Child Nutrition in Rural India
Voluntary Health Association of India,
C-14 Community Centre, Safdarjung Development Area, New Delhi - 110016, India.
1980. English. US \$4.25. RS 17.00

This manual of 12 chapters covers the scope of nutrition in rural India. The basic principles of nutrition are defined and thoroughly discussed with examples, illustrations, graphs and charts, and specific and general remedial instruction is given. Protein, vitamin and calorie contents of popular foods is given along with examples of balanced menus and recipes for infants and growing children. Chapters on food requirements of expectant mothers, nursing mothers, the infant, growing children and the father. Availability and non-availability of food and its reasons are discussed with self-help remedies. (From VHA catalogue.)

"Mother and Child in Bangladesh"
(see "Self-Help and Healing Ourselves")

NATIONWIDE WOMEN'S PROGRAM OF THE AMERICAN FRIENDS SERVICE COMMITTEE (WOMEN AND GLOBAL CORPORATIONS)
(see "USA")

"The nutrition of mothers and children"
E.F.P. Jelliffe and D.B. Jelliffe, eds.
Special issue of Contact magazine, April 1979, No. 50. Christian Medical Commission, World Council of Churches, 150 Route de Ferney, 1211 Geneva 20, Switzerland.

Complete guide to the problem of food, nutrition, and breastfeeding, with emphasis on third world countries. Discusses the role of breastfeeding when the mother is malnourished, weaning foods appropriate to various countries, and the effects of commercially available infant formula. Practices which interfere with optimum nutrition are itemized in detail.

¿Qué Comemos los Mexicanos? (What Do We Mexicans Eat?)

CIDHAL, Aptdo. Postal 579, Cuernavaca, Morelos, Mexico. 1980. Español.

Un folleto presentado en recuadros siguiendo el formato de las Fotonovelas. Su contenido es denso: va del problema de la tenencia de la tierra, la explotación del trabajador, la explotación del trabajo doméstico de la mujer para abaratar el costo de la mano de obra, requerimientos nutricionales, forma de preparar algunos alimentos hasta cómo cultivar la soya.

A booklet following the format of the "Fotonovela." Content is somewhat dense. It covers landholding patterns and land use, exploitation of the worker, the oppression of women through domestic work, nutritional requirements, ways of preparing food, including how to grow soybeans.

Sugar Blues

William Dufty. Chilton Book Co., Radnor, PA 19087, USA. 1975. English.

Excellent discussion of ill effects of sugar on our health.

Teaching Nutrition to Mothers

Helen Laugusen. Voluntary Health Association for India. (see "India") English.

A 6-page pamphlet outlining important points for teachers of nutrition to mothers.



WOMEN'S CO-ORDINATION

WOMEN'S CO-ORDINATION

ಹುಟ್ಟಿನಿಂದಲೇ ತಾರತಮ್ಯ

ಹುಟ್ಟಿನಿಂದಲೇ ಪಕ್ಷಪಾತ ಆರಂಭವಾಗುತ್ತದೆ. ಕೆಳದರ್ಗ ಮತ್ತು ಕೆಳ ಮಧ್ಯಮ ವರ್ಗಗಳಲ್ಲಿನೂ ಗಂಡುಮಗುವಿನ ಆರೈಕೆಗೆ, ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕೆ ಮಾತ್ರ ಗಮನ ನೀಡುತ್ತಾರೆ. ಹೆಣ್ಣುಮಗುವಿಗೆ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆ ನೀಡುವುದರಲ್ಲೂ ಅಂತ್ಯ ಮಾಡುವ ಪ್ರಸಂಗಗಳುಂಟು. ಗ್ರಾಮೀಣ ಪ್ರದೇಶಗಳಲ್ಲಿ ಸಾಯುವ ಹೆಣ್ಣುಮಕ್ಕಳ ಸಂಖ್ಯೆಯ ದರ ಅತಿ ಹೆಚ್ಚಾಗಿರುವುದನ್ನು ಕಾಣುತ್ತೇವೆ. (1000ಕ್ಕೆ 70.2)

‘ಮಗನಾದರೆ ಕುಟುಂಬಕ್ಕೊಂದು ಅರ್ಜಿ, ಮಗ ಕಾದರೆ ‘ಹೊರೆ’, ಅಳಿಯನ್ನು ಅದನ್ನು ಬೇಗ ಮಾಡುವ ಮಾದಿರಿ ಕಳೆಸದೇಕೆ’ ಎಂದುಕೊಳ್ಳುತ್ತಾರೆ. ಹೆಣ್ಣು ಕಷ್ಟ ಸ್ವಲ್ಪಾಕ್ಷರ ಕಲ್ಪನೆಗಳನ್ನೆಲ್ಲ ವ್ಯಯಿಸುವುದು ಗಂಡನ ಮನೆಯಲ್ಲಿ. ಅದರಿಂದ ‘ಹೆಣ್ಣು ಮಕ್ಕಳಿಗಾಗಿ ಖರ್ಚು ಮಾಡುವುದು ವ್ಯರ್ಥ’ ಎಂಬ ಅಭಿಪ್ರಾಯ ಕಂಡೆವೆಂದು ಗಳಿಸುತ್ತದೆ. ಹೆಣ್ಣುಮಕ್ಕಳ ಯಾವುದೇ ಅಭ್ಯಾಸಗಳಿಗೆ ಗಮನ ಪರಿವರಿಸುವುದರಿಂದಲೇ ಹೆಂಗಸರಲ್ಲಿ ಅತಿ ಹೆಚ್ಚಾಗಿ ಪೌಷ್ಟಿಕಾಂಶದ ಕೊರತೆ ಕಂಡುಬರುತ್ತದೆ ಮತ್ತು ಕಾಯುನವಣಿಗೆ ಸಾಯುವವರೆಗೆ ಸಂಖ್ಯೆ ಹೆಚ್ಚುತ್ತದೆ. ಹುಟ್ಟಿದಾಗ ಸಾಯುವ ಹೆಣ್ಣುಮಕ್ಕಳ ಪ್ರಮಾಣ ಕಡಿಮೆಯಾಗಿದ್ದರೂ, ನಿರ್ಧರಿಸುವುದಾಗ ಸಾಯುವ ಹೆಂಗಸರ ಸಂಖ್ಯೆ ಹೆಚ್ಚಾಗಿದೆ. ಗಂಡು-ಹೆಣ್ಣುಗಳ ಸಂಖ್ಯೆಯಲ್ಲಿರುವ ಅಂತರ ವೀಕ್ಷಿಸಿದಾಗ ಹೆಚ್ಚಾಗುತ್ತದೆ.

BORN UNEQUAL

The discrimination begins with birth. Among most of the poorer classes, a male child is fed and educated preferentially. Even medical aid is slow to reach the female child. With the result infant mortality is the highest among rural females. (70.2 per 1000)

While a son is to be preserved and improved a daughter is a liability, to be married off somehow as soon as possible. As she will be spending her economically productive years at her in-laws, nurture and education of a female child is considered an 'unnecessary investment'. The overriding preference given to the needs of the male in food and sex has resulted in an alarming increase in malnutrition among women and high maternal mortality. (573 per 1,00,000 live births.)

Death rate for females though lower than males at birth increases during the child bearing years. The sex ratio has shown a steady decline.

"Verhütung"
(see "Contraception")

"Who is malnourished: mother or the woman?"
Kamala Jayaram. Medico Friend Circle
Bulletin, No. 50, February 1980. (See
India.) English.

An examination of the inferior status of Indian women in Indian society, showing that this has a specific impact on the nutrition of women. Welfare and nutrition programmes are seen as useless: "neither nutritionists who formulate and recommend the programmes nor the administrators who are responsible for their implementation appear to view the female first as a woman and an individual, but seem to view her only in her role as a mother. Implied therein is the view that the woman is important only because she is the bearer and nurturer of children." . . . "All along we have devised welfare programmes for women and directed all developmental activity towards men."

Who Really Starves? Women and World Hunger
Lisa Leghorn and Mary Roodkowsky. Friendship Press, New York, USA. 1977. English.

Although the majority of the world's farmers are women, it is women as a group who suffer most from inadequate food supplies all over the world. Written by two feminists, this booklet examines the significant role women have always played in agriculture and nutrition and why modernization and "development" so often are detrimental to the lives of women. It can be used as a study guide for those concerned about world hunger and women.

Women and Food Systems: An Alternative Approach to the World Food Crisis
Elise Boulding/ University of Colorado,
Boulder, CO, USA. May 1975. English.

Statistically documents the heavy participation of women in all stages of the

world food system and suggests that serious variations in the impact of food policies and programs result from the failure of policymakers and program administrators to recognize either the extent or the nature of women's involvement. Most existing programs deal only with the food preparation and household duties of women and ignore the 3- 80% average participation of women in food-related labor force activities outside the home. The paper examines the "invisible," male-biased conceptual gaps in current academic disciplines which hinder realistic food policy and program development--e.g., in agricultural economics, nutritional science, medicine, and agricultural science.

Women, Bread and Babies: Directing Aid to Fifth World Farmers
Elise Boulding. Institute of Behavioral Science, University of Colorado, Boulder, CO, USA. March 1975. English.

Concentrating on Africa, this paper looks at women's productive role in agriculture and the way in which this is linked to reproduction in the need of overworked women to bear children as additional field hands. Gives tabulated data on percentage of women in agriculture, their education, etc., and concrete suggestions about what farm women need: technology, support services, training, credit and market facilities, legal protection, and participation in local/national/international decision-making and planning.

Women, Food and Health in Tanzania: The Political Economy of Disease
Meredeth Turshen. Onyx Press Ltd., the Clerkenwell Workshops, 27 Clerkenwell Close, London EC1R 0AT, England. 1980. English. £3.50 (US \$7.75).

Explores capitalist underdevelopment of Tanzania and how twentieth century colonial exploitation affected women in particular--their social and political status, their function as food producers, and the health of their families.

Women in Food Production, Food Handling and Nutrition, with Special Emphasis on Africa
Protein-Calorie Advisory Group of the United Nations, New York. June 1977.
Available from: ACC Subcommittee on Nutrition, FAO, via dei Terme di Caracalla, 00100 Roma, Italy.

This report of the now-defunct Protein-Calorie Advisory Group (PAG) of the UN presents a thorough examination of the literature and research perspectives concerning women, food and nutrition. Its intent is to raise questions about current nutrition research, with a demand for much wider analysis to include women's role in food production, processing and handling. Emphasis is on Africa because of women's key position in production systems. Describes how women are dealt with in the current debate on food and nutrition strategies, looking at UN policy papers. A final section deals with implications for research and action, and suggestions for follow-up studies. An extremely important resource, and helpful bibliography.

ADDENDUM

"Farming out the home: women and agribusiness"
Sally Hacker. Science for the People, Vol 10
No 2, March-April, 1978. (see "USA") English.

Originally printed in Second Wave, also excerpted in ISIS Bulletin No 14, March, 1980, this article remains a classic of feminist research and analysis on the agribusiness problem. The factual information is from the U.S., but the analysis shows that the takeover of independent farms by industry is damaging to women everywhere. These trends, already at work in Third World countries, intensify the poverty spiral even in the U.S. The sexist ideology which agribusiness disseminates and reinforces is also richly documented.



Brazilian Info. Bulletin/cpf



Kenyan farmer — What does she need?

Arthur Dobrin photo

6.

LA MATERNIDAD

LA MATERNITE

SCHWANGERSCHAFT, GEBURT UND STILLEN

HAVING CHILDREN

Traditionally, considerations of women's health have been equated with pregnancy and childbirth. The fact that medical literature generally confines its discussion of women under the category "maternal and child health" is a good testament to this. Hospitals too traditionally have maternal and child health units. Yet women have been totally absent in the decision-making around these categories. This is only one reflection of the sociological and political fact that in most societies and throughout history women have been defined in terms of their role as mothers and caretakers of children.

But for all this, health care surrounding pregnancy and birth and breastfeeding has not developed to the benefit of women. In many Third World countries the maternal mortality rate is still very high, with the risks increasing with every pregnancy. One cannot point to any one cause. Access to good contraception is only one aspect. There is a whole vicious circle of malnourishment before and during pregnancy, which increases with breastfeeding and subsequent pregnancies. But why are women malnourished? The reasons they do not have access to food are complex and include patterns of development which have concentrated on producing crops for export instead of producing food for people to eat at home; or traditional taboos on women eating foods which happen to be high in protein (meat, fish, eggs, milk); or women eating only after all others have been fed. The section in this book on food and eating expands on these reasons. Suffice it here to say that for women who do not have access to good food or to contraception, the experience of pregnancy and birth will be at best a continual burden and at worst fatal, in spite of the joy and status that their children may bring them.

On the other hand, improvements in health systems and all the innovations of science and technology have helped women little. To take the most "advanced" country in terms of medical technology - the United States of America - we have only to know that a pregnant woman has a 25 per cent chance of giving birth by caesarian section, and that her chances of giving birth without any medical intervention are very small, to understand that medical advancement is in fact detrimental to most women. Caesarian sections - which previously would only be used where a woman had no chance of delivering without serious damage to herself or her baby - are now routinely used for anything from breech births to "small irregularities." In the USA their number has tripled in 10 years. Medical intervention has become standard practice in that most women entering a hospital to give birth will automatically be attached to a fetal monitor. A fetal monitor electronically records the unborn baby's heart-beat and the contractions of the mother's uterus by a series of bleeps and graphs registered on a screen. This "advanced technology" supposedly replaces the traditional ear trumpet of midwives, through which the fetal heartbeat can be clearly listened to. Apart from the dehumanizing effect of a machine standing watch over a woman rather than a skilled and caring person, fetal monitors often cause more problems than they supposedly solve. They restrict the woman to lying on her back without moving (the prone position is one of the worst for labour - both for the woman and the fetus since it works against the forces of gravity), and they take a woman's attention away from what she is experiencing, to what the machine says she is experiencing. Watching your contractions and your baby's heartbeat on a screen can be frightening

enough to produce a change in blood pressure and its attendant problems (proving the need for a monitor!). The most sophisticated type of monitoring requires that an electrode be attached to the baby's head by means of a metal screw.

Additional medical intervention might consist of an intravenously-administered drug, oxytocin, to induce or stimulate labour. There are frequent cases where oxytocin is used for the convenience of the hospital schedule, so that a woman will give birth during the main 9-5 shift. Because oxytocin stimulates contractions, labor is usually more painful, and frequently leads to the need for anaesthesia. A spinal anaesthetic, an epidural, is therefore frequently used. It numbs the women's lower abdomen, thus relieving pain, but also stopping normal labour reactions, like the urge to push. This in turn often leads to forceps or suction delivery, both of which leave their marks on the baby. Again, all medical intervention requires that a woman remain immobile, almost always on her back.

Clearly medical intervention in birth is sometimes necessary. There are cases where women or their babies will die without it. However, the politics of technology (including the use of drugs) requires that the technology be used both in order to amortize the equipment and to provide information about its effectiveness. So once it is there the whole medical system will revolve around it. And the more that women use such highly technological services, the less control they have over the entire process of preparing for and giving birth. This has been the end result of the hospitalization trend.

In countries which are "less technologically advanced," the thrust in building up health systems generally involves constructing hospitals and bringing health issues as much into the attendant "medical sphere" as possible. If birth is to become a technological procedure along the lines of the USA and other Western countries, it will be detrimental to women.

The movement towards home birth in Western countries may seem an indulgent luxury to women in countries or regions where there is no choice but to give birth at home, without adequate hygiene or simple sterilizing equipment, and where mortality rates are high. But the answer here is not necessarily to turn to hospitals which are going to be expensive in one way or another, and ultimately harmful in many cases. Rather it is to provide access to good food, simple hygienic conditions and sterilizing equipment. Above all, it is a question of women everywhere having access to information which will enable them to make choices, or, where those choices do not exist, to be empowered to make their own alternatives.

It is easy, too, for us to fall into the trap of thinking like the (Western) medical profession - that you need only introduce certain drugs and certain qualified doctors to set up a "better" health system. In Western countries we have long since lost the "lore" of women - that special knowledge and training which formed part of women's culture, shared by midwives ("witches") and passed on from mothers to daughters, sisters and granddaughters. The women's health movement started in the 1960's is beginning to rediscover that lore, to do its own research into herbal remedies and traditional techniques and to make that available to women. Yet in many rural areas of the world, this lore still exists. The village midwives in Africa, for instance, are often older women with considerable experience of the problems arising in pregnancy, childbirth and early infancy. They are so central to this part of women's health that Western "health development" programmes have finally been forced to admit their value.

Childbirth may seem a momentous event, where the possibilities of "something going wrong" seem to be multiple; it is of course only one part of a process which starts even before conception. Menstruation, contraception and sexuality are discussed elsewhere in this book, and these all contribute to the ultimate outcome of birth when it happens. Pregnancy is much more closely linked to birth, and for this reason health in pregnancy is a primary issue for women. Knowledge of what happens to our bodies during pregnancy, of what kinds of food and exercise to take, is essential to giving birth to a healthy child. This knowledge is not something sacred, and certainly not to be thought of as the province of the medical profession. Of course, we cannot deny that complications do occur in pregnancy, some of which may need medical attention. But the possibility of complications arising can be greatly reduced by simple, non-medical measures like eating a balanced diet, not taking drugs (including alcohol and tobacco), not overworking, and getting enough sleep. Too often women live in situations where none of these are possible, but solutions may come through long-term struggles for fundamental world-wide social and economic changes. Only these changes, not medical advances, ultimately will eradicate poverty.

We include breastfeeding in this section as a continuation of the pregnancy and birth process. This is an area where women's lore and culture has always been strong but where technology, the need for expanding markets, and the increased pressure of working life including rapid urbanization (amongst other reasons) have conspired not only to encourage women to bottle feed their babies, but also to lose touch with that vital culture. Breastfeeding is not an "automatic maternal instinct." New mothers need advice and support. But again this is not complicated (although most doctors have no notion of what is involved since practical breastfeeding information does not form part of their training). This is something with which women can help each other.

Over the past decade international public opinion has been roused and much action taken against the harmful effects of bottle feeding in poor areas of the world, and especially against the multinational infant food companies which have contributed significantly with their sophisticated sales techniques and urgent need for market expansion. The vital advantages of breastfeeding our babies for at least six months have been consistently stressed: breast milk is nutritionally ideal, it has immunizing effects, there is little possibility of causing infection in the baby, and it helps to establish the important "bonding" which occurs between mother and child. As with pregnancy and birth, though, the discussion of breastfeeding cannot take place outside the political context of women's situations. Some women have to go back to a full-time job almost immediately after birth. Others have so many family responsibilities that bottle feeding at least means someone else can feed the baby. The need for women to breastfeed their babies - for everyone's health (a mother with a baby sick from artificial milk will soon have a health problem herself) - means we have to fight on many levels. This fight is not only against a technological culture which says it is better for a woman's body if she doesn't breastfeed, but also for increased maternity leave with pay, for workplaces where breastfeeding is part of the schedule, and for an acceptance of the fact that women have a right to make choices in these matters. This fight is integral to the larger struggle for the recognition of women's real needs, and for a society which is not based on class, race or sex discrimination.

(A) PREGNANCY AND BIRTH

Accoucher à la Maternité: ce que nous refusons, ce que nous voulons

Des usagères de la Maternité, C.P. 111,
1227 Carouge, Suisse (Switzerland).
Juin 1977. SFr. 2.00

Explication de la médicalisation de l'accouchement tel qu'il est pratiqué à Genève (et ailleurs en Suisse et d'autres pays d'Europe); accouchement à la maison; propositions pour la démedicalisation de la naissance à l'hôpital.

Explanation of the medicalization of childbirth as it is practiced in Geneva (and elsewhere in Switzerland and other European countries); homebirth; proposals for demedicalizing birth in hospitals.

AMERICAN COLLEGE OF NURSE-MIDWIVES
(see "Pregnancy and Birth")

Anaemia in Pregnancy

Voluntary Health Association of India,
C-14 Community Centre, Safdarjung
Development Arc, New Delhi- 110016,
India.

Six-page article on the causes and effects of anaemia in pregnancy and suggested ways of remedying this.

Ante-natal Language Kit: To Teach English for Pregnancy

Judith Nesbit. Commission for Racial Equality, Elliot House, 10-12 Allington St., London SW1E 5EH, England.
July 1979. English.

Designed for teachers of English as a foreign language, this kit of texts, suggestions and pictures is geared to teaching non-English speaking women the language surrounding pregnancy and birth and especially how to deal with the health system in Britain.

ARM Newsletter

Association of Radical Midwives. C/o Pippa MacKeith, 8 Mount Hooton Terrace, Forrest Road East, Nottingham, England.
Subscription: £2.00/yr., England; £4.00/yr. elsewhere. Make checks payable to the Association.

Excellent. Covers many aspects of childbirth, including information on

various organizing efforts, book reviews, helpful articles on herbs, bonding, Kegel exercises, etc.

"An assessment of the hazards of amniocentesis." Report to the Medical Research Council by Their Working Party on Amniocentesis. British Journal of Ob-Gyn Supplement 2, 1978.

From the summary: "The total adverse effects of amniocentesis are estimated from the present study as being an increased fetal loss of about 1.0 to 1.5 per cent, and a possible increase of 1.0 to 1.5 per cent in certain types of major infant morbidity, namely unexplained respiratory difficulties at birth and major orthopaedic postural abnormalities... it was only at 40 years or more that maternal age alone stood out clearly as an indication in which the chances of detecting an abnormality definitely outweighed the increase in risks to the fetus."

ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES (AIMS) (see "England")

ASSOCIATION OF RADICAL MIDWIVES
(see "England")

Bewusst fruchtbar sein

Irisina Verlag, Postfach, 8961 Haldenwang, Bundesrepublik Deutschland (Federal Republic of Germany). 1977.

Alternative Methoden der Empfängnisverhütung; Information über Schwangerschaft; persönliche Berichte über Geburtserlebnisse.

Alternative contraceptive methods, information about pregnancy, personal birth experiences.

Genèse de l'Homme Ecologique: l'Instinct Retrouvé

Michel Odent. EPI, Paris, France, 1979. Pr. La nouvelle oeuvre d'Odent met au point la conduite spontanée des femmes entrain d'accoucher quand elles peuvent être libre à crier volontairement, quand les

amies sont à côté, et quand elles sont confortables. A ce moment là, Odent suggère que les réponses du bébé sont profondément affectuées par les gestes, accueillantes de la mère. Odent souligne aussi l'importance de la vue du placenta que la mère aura si elle n'est pas forcée d'accoucher sur le dos. Odent entoure ces discussions utiles de beaucoup de théories politiques, se référant aux oeuvres de Mao, Illich, et Leboyer.

Birth in Four Cultures

Brigitte Jordan. Eden Press, St. Albans, Vermont, USA. 1978. English.

Anthropologist contrasts birth in the Netherlands, Sweden, the USA and in the Yucatan of Mexico. She suggests that the culture patterns each style of birth uniquely, reflecting woman's relation to her society. She also presents a model for integrating modern medical approaches to birth less violently when approaching traditional cultures.

"The Chicago Maternity Center Story"
(see "Audio-visuals")

Commonsense Childbirth

Lester Hazell. Berkeley Medallion, New York, 1976.

One of the classic guides to a demystified, self-help approach to the birth experience, includes both at home, breastfeeding, planning food, much more.

"The Cultural Warping of Childbirth"

Doris Harie. Environmental Child Health, No. 19, June 1973 (special issue).

Original work based on travels throughout the world, visiting clinics, showing how hospitals and physicians distort women's and babies' physiological needs to fit professional requirements.

Die Ersten Neun Monate des Lebens

Geraldine lux Flanagan, Rowohlt Taschenbuchverlag, Hamburgerstrasse 17, 2057 Reinbek/Hamburg, Bundesrepublik Deutschland (Federal Republic of Germany). 1969.

Schöne, klare Darstellung der Entstehung des Kindes mit vielen Fotos von der be-

fruchteten Eizelle bis zur 7-Monats-Frühgeburt.

Beautiful, clear presentation of the growth of a fetus from the moment of conception up to 7 months and a premature delivery. Many good photos.

Die Lamaze-Methode - Der Weg zu einem positiven Geburtserlebnis.

Donna und Roger Ewy. Goldmann, Postfach 800709, 8 München 80, Bundesrepublik Deutschland (Federal Republic of Germany). 1976.

The Lamaze method - the way to a positive birth experience.

Essential Exercises for the Childbearing Year

Elizabeth Noble. Houghton Mifflin Co., New York, 1976. English.

Australian-trained physiotherapist presents vital information designed to counteract the effects of Western-style sitting, standing and pelvic floor habits, and improve the birthing experience.

An Evaluation of Cesarean Section in the United States

Helen Marieskind, U.S. Dept. of Health, Education and Welfare. 1980. Available from Clara Schiffer, Room 723 E, HEW/HHH Bldg., Washington, DC 20201, USA. Free.

The Experience of Childbirth

Sheila Kitzinger. Penguin, Harmondsworth Middlesex, England. 1978, rev. ed. English. Ll.50 Penguin Books Inc., 7110 Ambassador Road, Baltimore, MD 21207, USA. Also, Swedish (1977) and German (1980) editions.

Originally published in 1962, this classic expresses the primary importance of the woman's needs, feelings and perceptions in the childbirth experience for the first time.

"Gebären, stillen, schwanger sein"
(see "Federal Republic of Germany").

Geboren werden und gebären

Eva Maria Stark. Verlag Frauenoffensive, Josephburgstrasse 16, 8 München 80, Bundesrepublik Deutschland (Federal

Republic of Germany).

Eine Streitschrift für die Neugestaltung der Mutterschaft. Ideen zu einer selbst-gestalteten Schwangerschaft. Die freud-volle Hausgeburt und die dazu nötigen Bedingungen. Geburtsberichte und geschichtlicher Ueberblick der Geburts-methoden. Zusammenhang zwischen Geburt und Macht der Frauen in matriachalischen Gesellschaften.

A pamphlet calling for a new approach to pregnancy, birth and motherhood. Ideas on self-help in pregnancy; pleasurable homebirth and its necessary conditions; personal accounts of childbirth and a historical overview on methods of birth. Relationship between birth and power of women in matriarchal societies.

"Genital herpes simplex virus (HSV): infections and pregnancy" (see "Sexually Transmitted Diseases")

Gesunde Ernährung während der Schwanger-schaft

Brigitte Demoffle. König Verlag, Postfach 220, 8 München 43, Bundesrepublik Deutsch-land (Federal Republic of Germany). 1973.

Nutrition in pregnancy.

The Good Birth Guide

Sheila Kitzinger. Fontana Books, London, England. 1979. English.

An extensive guide to maternity care, especially specific hospital childbirth practices and policies, in England. Helpful to anyone seeking to change local hospital practices.

HOME BIRTH INFORMATION SERVICE (see "Australia")

ICEA Film Directory (see "Audio-visuals")

INTERNATIONAL CHILDBIRTH EDUCATION ASSOCIATION (ICEA)

International Coordinator: Jan Cornfoot, Mail Service 956, Obi Obi Rd., Queens-land, Australia 4560.

ICEA is a federation of groups and individuals devoted to family-centered

maternity care. For childbirth prepara-tion groups and individuals outside of USA contact Jan Cornfoot. For childbirth literature, teaching resources, and USA groups, contact ICEA, Box 20048, Minne-apolis, MN 55420, USA.

Kenya Woman (see "Kenya")

Maternal Health and Childbirth: Health Resource Guide No. 4

National Women's Health Network (see "USA") 1980.

Guide includes an overview of basic issues in USA currently - the use of technology, the place of birth and the struggle between midwives and doctors.

Maternal-Infant Bonding

Marshall Klaus and John Kennell. C.V. Mosby Co., St. Louis, Missouri, USA. 1976.

Classic work on bonding behavior between infants and mothers at and around the time of birth.

Maternal Nutrition and Child Health

D. Shanklin and J. Hodin. Charles Thomas, Publishers, Springfield, Illinois, USA, English. 1979.

The best single technical and medical book in the US summarizing the importance of nutrition to pregnancy outcome, primarily in the U.S. but with much application elsewhere.

Maternity

Cooperative Women's Guild. Virago Ltd., 5 Wardour St., London W1V 3HE, England. 1978. (First published 1915 by G. Bell & Sons Ltd.) English.

Autobiographical portraits by members of the Cooperative Women's Guild - a working women's organization - depicting vividly what it was like to be poor, be pregnant, give birth and bring up children in 19th century Britain. Although there is almost no mention of contraception, considerable reference is made to "taking drugs" to stop pregnancies (i.e., termin-ate them), with horrific effects: a per-tinent historical note on how women have always sought to control their reproduc-

tion, especially in dire circumstances.

MATERNITY CENTER ASSOCIATION (see "USA")

Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights

Jean Donnison. Schocken Books, New York. 1978.

Excellent account of the struggle for control over childbirth in Britain.

"Mongolismus - das ubertzahlige Courage 9, September 1979, 'Chromosom'. S. 32/33 (see "Federal Republic of Germany.")

Ein Artikel, der die Schuldzuschreibung auf die Mütter von mongoloiden Kindern kritisiert. Gibt Information über Amniozentese und Schwangerschaftsunterbrechung.

"Mongolism - The Extra Chromosome"

An article critical of blaming solely mothers for the mongolism of their children. Describing the technique of amniocentesis.

Mother to Mother

Ellen Sattar. Bangladesh Books International, Dacca.

A straight-forward book for expectant mothers, on preparing for labor and birth. Discredits many myths and taboos (such as that it is the woman's "fault" if only girl children are born), and stresses the importance of breastfeeding. Also published in Bengali.

NATIONAL CHILDBIRTH TRUST

(see "England")

NEW ZEALAND HOME BIRTH ASSOCIATION

(see "New Zealand")

Of Woman Born

Adrienne Rich. Bantam Books, New York, USA, 1977. English.

The most powerful feminist analysis of the institution of motherhood in the English language. Available in several languages.

"Pamphlet on artificial insemination for lesbians and gay men"

Lesbian Health Information Project, c/o San Francisco Women's Center, 3543 18th St., San Francisco, CA 94110, USA. 1979. \$2.00.

Perinatal and Neonatal Mortality: Recommendations sent to the "Sub-Committee on Perinatal and Neonatal Mortality" of the Expenditure Committee of the House of Commons, December 1978.

Pippa MacKeith and Jilly Rosser. Association of Radical Midwives (A.R.M.) (See country listings.)

A well-reasoned challenge to present maternity care policies of the National Health Service in England, prepared by midwives, summarizes the current controversies over midwifery, childbirth at home, breastfeeding, finances, technology, and a woman's inviolate right to choose the circumstances of her own birth.

The Place of Birth

Sheila Kitzinger and John Davis, eds. Oxford University Press. 1978. English. In USA, \$18.95 from Oxford University Press, 200 Madison Ave., New York, NY 10016.

Reviews "evidence" used to establish policies depriving women of the right to give birth at home. Examines birth at home as an alternative to hospital confinement. Superbly documented, the collected articles of some of England's best researchers present an impressive challenge to hospital confinement as a norm in Western society.

The Practicing Midwife

156 Drakes Lane, Summertown, TN 38483, USA. One year's subscription (\$5.00) will cover the next four newsletters plus mailing costs. Include \$3.00 additional for overseas mailing.

A quarterly newsletter on alternative health issues, news and people in the midwifery, primary health care and public health fields. It's a must for pregnant women.

The Pregnancy-After-30 Workbook
Gail Sforza Brewer. Rodale Press, Organic Park, Emmaus, PA 18049, USA. \$8.95.

Includes information on how to assess and minimize "high risk" factors in later pregnancy and childbirth, good diet during pregnancy, at-home exercises, one technique for natural childbirth, breast-feeding, etc. Well-illustrated, including a photographic sequence of a normal birth.

Pregnancy, Childbirth and the Newborn:
A Manual for Rural Midwives

Leo Eloesser, Edith Galt and Isabel Hemingway. Available from Instituto Indigenista Interamericano, Ninos Heros, 139, Mexico 7, D.F., Mexico. English and Spanish.

Originally written in 1950 for Chinese women without training, these maternity care workers present good basic information and illustrations of anatomy and physiology, pregnancy, abortion and childbirth, with emphasis on how to perform deliveries in rural areas without Western technical resources.

Updated and expanded by the Institute, it is an excellent companion volume to David Werner's Donde Hay No Doctor.

"A prospective study of spontaneous fetal losses after induced abortions" (see "Abortion")

RESOLVE (see "USA")

Schwangerschaft ist eine Erfahrung,
die Frau, den Mann und die Gesellschaft
angeht

Barbara Voigt-Hagerbäumer. Rowohlt Taschenbuch Verlag, Hamburgerstrasse 17, 2057 Reinbek/Hamburg, Bundesrepublik Deutschland (Federal Republic of Germany). 1977.

Aufklärung und Information zum Thema Schwangerschaft; alternative Methoden der Entbindung. Modell des Zusammenlebens nach der Geburt.

Practical information about pregnancy; alternative methods of childbirth. How to cope with the time after birth.

THE SOCIETY TO SUPPORT HOME
CONFINEMENTS (see "England/UK")

"Teaching Nutrition to Mothers" (see "Food and Eating")

"Tobacco-hazards to health and human reproduction" (see "Drugs and Drug Companies")

What Now? Under 18 and Pregnant
Origins (Women's Health Collective), 169 Boston St., Salem, MA 01970, USA. 1978. English and Spanish. \$3.00 plus postage.

A discussion of teenage pregnancy and childbirth by and for teenage women (US). Teenagers tell their stories first-hand.

"Training of Traditional Birth Attendants" (see "Audio-visuals")

Wir bekommen ein Baby
Ingrid Mitchell. Rowohlt Taschenbuch Verlag, Hamburgerstrasse 17, 2057 Reinbek/Hamburg, Bundesrepublik Deutschland (Federal Republic of Germany). 1971.

Ein praktisches Kursusprogramm für Uebungen zu Hause während der Schwangerschaft. Nur für Frauen mit Partner zu empfehlen, da alle Uebungen darauf abgestimmt sind.

A practical guide for exercise at home during pregnancy. Approach assumes participation of a partner.

"Wir bemühen uns, die Geburten in die offiziellen Dienstzeiten zu legen! - Kindesmissbildung durch ärztliche Fehler in der Frauenklinik Dortmund"

Courage 8, August 1979 (See "Federal Republic of Germany")

Ein Artikel gegen die Gefahren von hoch-technisiert durchgeführten Geburten.

An article against the dangers of highly technologized births.

Women as Mothers

Sheila Kitzinger. Fontana Books, London, England. 1978. English. Ll.50.
 Vintage Books, 201 E. 50th St., New York, NY 10022, USA. Donne Come Madri, Bompiani, via Mecenate 87/6, Milano, Italia. 1980. Italiano. Lira 7,000.
Kvinnor Som Mordar, Bonniers, Stockholm, Sweden. 1979. Swedish.

A cross-cultural and historical study of motherhood. Points out how maternal behavior is not largely instinctual, but rather in response to societal influences. Questions many assumptions implicit in Western views of mothering.

"Women: their bodies and their health"
 Beck Duning. Viva, June 1978. Box 46319, Nairobi, Kenya, Africa.

Series of articles about the requirements and shortcomings of maternal health in Kenya: "The birth: complications" (critical account of medical care in a maternity home, where understaffing and overcrowding are major problems); "Why mothers dump babies" (describes recent phenomenon of baby dumping as a consequence of "under-developed capitalism" - victims are mainly young girls from poor working class families); "Women are mothers" (describes consequences of poor health - e.g. anemia - on the course of pregnancy, and the inadequate primary care services available to women); "Resisting family planning" (survey of problems as described by The Family Planning Association in Kenya).

(B) BREASTFEEDING AND INFANT FEEDING

Allaiter sans probleme

Groupe des femmes pour l'ailaitement, c/o Alice Bernard, 26 Chemin des Grands-Bruisssons, 1233 Bernex, Suisse (Switzerland). 1977. SFr.2.00. 50-100 copies SFr.1.50 each, more than 100 SFr.1.00 each.

Brochure pratique sur l'importance de l'allaitement, les problemes et leurs remedes.

Practical brochure on breastfeeding, its importance, problems and solutions.

The Baby Killer

Mike Muller. War on Want, 467 Caledonian Rd., London N7, England. 1974. English, French, German, Italian and Spanish.
 Order from: Arbeitsgruppe Dritt Welt, Postfach 1007, 3001 Bern, Switzerland, or Declaration de Berne, C.P. 97, Lausanne 9, Switzerland.

The original investigation into the promotion and sale of powdered baby milks in the Third World.

The Baby Killer Scandal

Andy Chetley. War on Want, 467 Caledonian Rd., London N7 9BE, England. 1979. English. Ll.50.

This book is an update on the original Baby Killer written by Mike Muller in 1974. It details much of the recent action by boycott and other groups and the responses of companies. Draws on numerous studies in developing countries to demonstrate the extent of the problem, and outlines priorities for action now. An excellent updated resource.

Bebes de Biberón

Colmena (with ISIS), Apartado 470, San Pedro Montes de Oca, San José, Costa Rica. 1980. Spanish. U.S. \$2.50.
 Order from ISIS (see "Basic International Resource List").

An updated version of the original ISIS publication, Bottle Babies, a guide to the baby foods issue, with more specific reference to Latin America. This booklet is an assemblage of statements and facts on the medical, marketing and socio-political aspects of the bottle feeding/breast feeding issue. Includes extensive resources on the subject, including active groups, and literature relating to Latin America. Bottle Babies, December 1976, Flaschenkinder, May 1976, and Le Biberon qui Tue, May 1976, are still available from ISIS. \$3.00 per copy.



Leeds Pregnancy Handbook:

England

EXCERPTS FROM DOCUMENTS: WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING,

Geneva, Switzerland, October 9-12, 1979

"Recommendations"

From October 9-12, the World Health Organization (WHO) and UNICEF jointly sponsored a "Meeting on Infant and Young Child Feeding" at WHO headquarters in Geneva. The purpose of the meeting was to summarize knowledge and discuss what steps could be taken to decrease malnutrition and infectious diseases in children. The meeting was held as part of the WHO and UNICEF's commitment to promote and support breastfeeding.

For the first time in United Nations history, nongovernmental organizations like the Interfaith Center on Corporate Responsibility, were invited to participate as equals along with national governments. Also attending were experts in nutrition and medicine, the infant food industry and specialized U.N. agencies, all told about 150 delegates.

THE FINAL REPORT**"Statement on Infant and Young Child Feeding"**

Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem, it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world; it occurs in many parts of the developed world as well.

Malnutrition in infants and young children cannot be separated from malnutrition and poor health in women. The mother and her infant form a biological unit; they share also the problems of malnutrition and ill-health, and whatever is done to solve these problems must concern them both together.

The problem is part of the wider issues of poverty, lack of resources, social injustice and ecological degradation; it cannot be considered apart from social and economic development and the need for a new international economic order.

Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development. This, together with its other important effects, on the prevention of infections, on the health and well-being of the mother, on child spacing, on family health, on family and national economics and on food production, makes it a key aspect of self-reliance, primary health care and current development approaches. It is therefore a responsibility of society to promote breastfeeding and to protect pregnant and lactating mothers from any influence that could disrupt it.

ICCR has been criticizing the promotion of infant formulas by American based multinational corporations for over five years. In 1977, ICCR joined with the Infant Formula Action Coalition (INFAC) to organize a boycott of Nestlé products. ICCR has filed shareholder resolutions with American corporations, supported legislation aimed at improving maternal and child health by curbing promotion, and is currently investigating the "bottle baby" problem within select low income communities in the U.S.

I. The encouragement and support of breastfeeding

The health care system in general should ensure that all mothers, particularly during the period of pregnancy, are systematically provided with the type of breastfeeding education that is in keeping with their life situations and presented in practical ways.

Obstetrical procedures and practices should be consistent with the policy of promoting and supporting breastfeeding. In this respect, unnecessary sedation, routine use of episiotomy, and routine use of lactation suppressants should be avoided.

Breastfeeding should be initiated as soon after birth as possible, normally during the first half hour and, in order to facilitate breastfeeding, mothers should be encouraged and permitted to keep their infants with them in the same room or close to them and to practice on-demand feeding; maternity routines and structures should be conducive to this practice.

All postnatal health care should be oriented towards ensuring the maintenance of breastfeeding for as long as possible. All babies should receive colostrum. For optimal breastfeeding, the use of supplementary bottlefeeding — water and formula — should be avoided. A healthy well-nourished mother who is fully breastfeeding her infant should not need to introduce any complements during the first 4-6 months of life, according to the needs of the infant.

A baby who is not breastfed should receive special attention from the health care system. Adequate instructions for the use of infant foods as well as warnings about its problems should be the responsibility of the health care system. Supplies of infant formula would thus be required for distribution only where necessary and not as a routine.

Paid maternity leave of not less than three months postnatal, job security and economic support should be provided to all mothers whenever possible, and wherever possible, and the responsibility for economic support during maternity leave should be carried by government, the industry in which the woman is working and other relevant international and national institutions.

IV. Development of support for improved health and social status of women in relation to infant and young child feeding

The woman is pivotal for all action related to breastfeeding. Breastfeeding is best for the health of the young baby, but also for the health of the mother including the physical, emotional, and psychological aspects of her health. Government action and community development activities including the help of breastfeeding mothers should be taken to support these mothers to breastfeed. Programs to develop appropriate technologies... to reduce these women's workload and to organize community-based day care of children should be emphasized.

Governments should ratify and apply the ILO conventions through national legislation concerning maternity protection which are to be developed (and which extend existing protective measures to increase the period of time of maternity leave) for facilitating the breastfeeding, including facilities for breastfeeding, paid nursing breaks, flexible schedules, day care centers and other measures to ensure the physical closeness of mother and child; these measures should ensure that women's earnings are not substantially reduced or that complementary measures are introduced to provide subsidies; and that any discrimination of nursing mothers in employment should be prohibited.

Breastfeeding

World Health Organisation, Maternal and Child Health, Avenue Appia, 1211 Geneva 27, Switzerland. 1979. English. Free.

A handy 40-page illustrated booklet for health workers. Stresses the reasons breastfeeding is so important (appropriate nutrition, protection against infection, affection and stimulation), and the need for active support from family, community and health workers for successful breastfeeding to be established. Gives practical advice on all aspects, including the problems of publicity of artificial baby foods. Also outlines situations that need special attention (under-nourished mothers, low-weight babies, mixed feeding, engorgement and abscesses of the breast). A nicely presented practical guide which could be used by lay people too.

"Breastfeeding and the child"

Dr. Shanti Ghosh. Voluntary Health Association of India, C-14 Community Centre, Safdarjung Development Area, New Delhi-110016, India. 1976. English.

Brochure explaining some of the reasons for the decline in breastfeeding and detailing the importance of breastfeeding, its advantages, how to go about it. Good, practical advice.

"Breastfeeding and social class mobility; the case of Mexican migrant mothers"

Carmen Acosta Johnson. Paper given at Capon Springs Public Policy Conference No. 2 on Population and Food Policy, February 1978. Contact author, University of Texas School of Medicine, Houston, TX 77025, USA.

Presents results of group discussions with Mexican migrant mothers, recently moved from an agrarian setting in northern Mexico to the urban industrial setting of Houston, Texas. Responses suggest that lower class women in the USA as well as in Mexico breastfeed mainly because they lack the opportunity to purchase substitute milks. Resources permitting, women adopted commercial milks and bottles. (Information taken from paper abstract.)

BREASTFEEDING INFORMATION GROUP
(see "Kenya, Africa")"Breastfeeding as related to family planning programs"

Roy E. Brown. Paper given at Capon Springs Public Policy Conference No. 2 on Population and Food Policy, February 1978. Contact author, Department of Community Medicine, Mount Sinai School of Medicine, 100th St. and 5th Ave., New York, NY 10029, USA.

Documents historical relationship between reduction of infant/childhood mortality and falling off of births. Describes how breastfeeding has served to reduce both birth mortality and birth rates.

"Bottle Babies" (see "Audio-visuals")The Experience of Breastfeeding

Sheila Kitzinger, Penguin Books, Harmondsworth, Middlesex, England. 1979. L1.25

Excellent, practical guide to breastfeeding. Discusses latest research on advantages of breastfeeding, effects of drugs upon breast milk, and infant formula use in Third World countries.

Exportinteressen gegen Muttermilch

Arbeitsgruppe Dritte Welt Ber. Rowohlt Taschenbuch Verlag, Hamburgerstrasse 17-2057 Reinbeck/Hamburg, Bundesrepublik Deutschland (Federal Republic of Germany). 1976.

Dokumente und Materialien über Probleme der künstlichen Säuglingsernährung in der Dritten Welt; die Werbemethoden von Grosskonzernen, besonders Nestlé; die Chronologie des Nestlé-Prozesses gegen die Arbeitsgruppe Dritte Welt Bern (in der Schweiz), 1974-75.

Documents on the problems of bottle-feeding in the Third World; the advertising methods of multinational corporations especially Nestlé; chronology of events in the Nestlé trial against the Third World Action Group Bern (Switzerland) in 1974-75.

"Feeding Your Baby" (see "Audio-visuals")

"Formula Factor" (see "Audio-visuals")

"Gebären, stillen, schwanger sein"
(see "Federal Republic of Germany")

Ich Möchte Gern Stillen, aber ...
Hanny Lothrop, Breslauerstrasse 4,
6204 Taunusstein 4, Wehen, Bundesrepublik
Deutschland (Federal Republic of
Germany).

8-seitige Broschüre über Probleme, die
beim Stillen auftreten können, insbeson-
dere im Hinblick auf mangelnde Informa-
tion in Spitälern, vor- und nachher
wiegen, und verbreitete falsche
Ansichten.

8-page brochure about the problems some
women have in breastfeeding, especially
in face of lack of advice in hospitals,
test-weighing, and common misconceptions.

INFANT FORMULA ACTION COALITION-INFAC
(see "USA")

INTERFAITH CENTER ON CORPORATE
RESPONSIBILITY (see "USA")

INTERNATIONAL BABY FOOD ACTION NETWORK
(see "USA")

"Just like mother's milk?"
Baby Milk Action Coalition, c/o Sadru
Kheraj, Trinity College, Cambridge
CB2 1TQ, England. 1979. English.

A small brochure describing the problems
of bottle feeding and the decline of
breastfeeding, and outlining what
actions can be taken in Britain about
this. The Baby Milk Action Coalition
plans an extensive educational and
information campaign throughout Britain.

LA LECHE LEAGUE INTERNATIONAL (see "USA")

Le Livre del'Allaitement Maternel
Collete Clark. Intrinsèque, 1977.
Français.

Manuel de base pour l'allaitement.
Basic guide to breastfeeding.

Manual for Child Nutrition in Rural India
(see "Food and Eating")

Meeting on Infant and Young Child Feeding
World Health Organisation, Division of
Family Health, Avenue Appia, 1211 Geneva
27, Switzerland. October 1979. (Docu-
ment FHE/ICF/79.3) English. Contact
WHO about possible translations. Free.

As a background for the World Health
Organisation/UNICEF meeting of the same
title, this 70-page "state of the art"
paper covers: nutritional requirements
in infancy, human milk, breastfeeding,
supplementation and weaning, and
studies in infant morbidity and mortality
in relation to infant feeding. Goes on
to outline themes for discussion for the
meeting, and ends with substantial and
forceful suggestions for action by
governments and other groups. An
excellent paper.

"The nutrition of mothers and children"
(See "Food and Eating")

The Promotion of Bottle Feeding by Multi-
national Corporations: How Advertising
and the Health Professions Have
Contributed

Ted Greiner. Cornell International
Nutrition Monograph Series No. 2, 1975.
Division of Nutritional Sciences, Savage
Hall, Cornell University, Ithaca, NY
14853, USA. English. \$2.50.

The results of solid research into the
policies of a number of leading manufac-
turers of commercial formulas, especially
advertising messages aimed at the medical
profession, and the policy of the compan-
ies in promoting their products. Repro-
duces many relevant advertisements from
publications in developing countries
directed toward the lay public, and
appearing in journals for health pro-
fessionals. Also lists 19 companies
with details of brand names, types of
infant food products, most active sales
areas with percentages, and additional
comments. An excellent resource for
anyone taking action or doing further
study into the subject.

In the same series are: No. 4 1977,

Regulation and Education: Strategies for Solving the Bottle Feeding Problem, by Ted Greiner; and No. 6 1979, The Economic Value of Breastfeeding (with results from research conducted in Ghana and the Ivory Coast), by Ted Greiner, Stina Almroth and Michael C. Latham. Also recommended. \$2.50 each.

Posters (see "Food and Eating")

"Women's liberation and breast feeding" Elisabeth Helsing. Environmental Child Health, October 1975. 2a Drayson Mews, London W8, England. English.

A feminist viewpoint on a woman's right to reproduce or not and to feed her child as she wishes without male-dominated consumer influences. Sees breastfeeding as sister solidarity and an aspect of women's reproductive culture. This whole issue of the journal is dedicated to different aspects of breastfeeding, especially in developing countries.

ADDENDUM

"A report on the delivery room and obstetrics ward of the Soroka Medical Center" Beersheva Women's Health Collective, c/o Anat Bar-Cohen, P.O.B. 82, Omer, Israel. November 1976. Report available from the Collective along with information about new developments in recent years.

A case history from eyewitnesses who visited the center, criticized its practices, and tried to change them. Excellent illustration of the power and the lack of accountability of the medical profession in a western country.



¿COMO SE LLAMA CUANDO SE RETIRA LA
REGLA?
SE LLAMA MENOPAUSIA

D.7



Las mujeres nos enfrentamos a la menopausia con muchos miedos, mitos y temores. Nos han obligado a pensar que el único destino de las mujeres es ser esposas y madres. La sociedad supone que fuera de esto no podemos hacer nada que merezca la pena

--from *Menopausia* CIDEAL, Mexico



C.N.A.C.:Portugal

7.

MENOPAUSIA Y VEJEZ
 LA MENOPAUSE ET APRES
 WECHSELJAHRE UND ALTERN
 MENOPAUSIA E VECCHIAIA
 MENOPAUSE AND AGING

In many cultures, menopause--if it is spoken of at all--is talked about in whispers, like most other bodily and sexual functions. However, in societies where older women are valued and play useful roles, menopause is not necessarily seen as a problem, especially when women have traditional ways of supporting one another.

In industrialized societies, our experience of menopause has been medicalized. Physician thinking has transformed this process into an illness, a deficiency requiring treatment--dangerous drugs and drastic surgery. The drug companies have responded imaginatively to the physicians' lead: increasingly they stimulate the trends toward chemical solutions to human problems and invent both the problem and its solution.

As older women, we often succumb to these treatments, for several reasons. First, modern society idolizes youth and teaches us to despise old age. We notice how we become invisible to others when we no longer appear young or pretty, how our ideas, feelings, and opinions are increasingly ignored as we age. Understandably we feel powerful urges to try to avoid signs of aging in ourselves. Secondly, as aging women our misplaced faith in professionals and in modern, scientific medicine make us perfect prey to the promises of eternal youth with drug and surgical restoration. Last of all, we are taught to devalue ourselves by distrusting and dismissing the experiences of other older women.

Thus isolated from one another, we can't benefit from our own collective wisdom and don't learn about healthful alternatives to modern medicine. Instead we become more dependent on doctors, in particular specialists such as obstetrician-gynecologists (if we can afford them) and their often damaging "solutions."

The result in many parts of the developed world is:

- the scandal of unnecessary hysterectomies (in the U.S. this involves one-third to one-half of all hysterectomies)
- the tragedy of thousands of cases of endometrial cancer caused by artificial hormones taken by healthy women
- the epidemic of women living out their lives on damaging tranquilizers, often taken from the onset of menopause until death

Poor and Third World women often serve as the experimental subjects for risky medical research and as "practice material" for doctors to learn techniques which they use later with wealthier women.

Even in the face of overwhelming evidence of the harm being done, drug companies and physicians have gone on record to support damaging hormones and dangerous surgical practices. On the whole, governments tend to listen to these "experts" and when in doubt, continue to permit the practices rather than restrain them.

With menopause, as with any other aspect of our normal life development, we require conditions of good health rather than medical intervention. We need simple whole foods in adequate variety and quantity. We need to be valued in our community and have women-to-woman support. We need fresh air and clean water and physical exercise. Those of us already dependent on processed foods or modern drugs, those of us who live

under constant stress, need to learn about and have access to alternatives to medicine.

The work of finding alternative ways of coping with the physical and emotional changes of menopause and with the stresses of modern life has already been initiated by women. The larger task of changing modern society's view of older women is ahead of us. It is essential that we restore respect and appreciation for those of us growing older, if we are to move towards death with a sense of dignity and worth, even as our physical health may falter. All of us, young and old, must speak out and act against the prison of isolation and despair now the lot of women at the end of life. We can do this both in our personal lives as we reach out to support older friends and relatives, as well as in organisations struggling to eliminate the institutional discriminations suffered by older people, especially women.

Ik Sta Niet Alleen (I Am Not Alone)
VIDO (Vrouwen in de Overgang), Gerard Doustratt 224, Amsterdam 1073 XC, Nederland.

In dit boekje van 32 bladzijden, vertellen een aantal vrouwen over hun ervaringen tijdens de overgang. In het boekje zijn ook gedichten opgenomen. Bovendien wordt een beschrijving gegeven van het werk van de organisatie VIDO (Vrouwen in de Overgang), van de plaatselijke groepen en hun activiteiten.

In this 32 page booklet, women tell about their experiences of menopause. It also includes poems and an explanation of the VIDO (women in menopause) groups and how they work.

La Menopausa
Gruppo Femminista per la Salute della Donna, see "Italy." 1977. Italiano. Lire 400.

Preparato da un gruppo femminista, questo opuscolo da informazione sulla menopausa.

Prepared by a self-help group, this pamphlet gives basic information about menopause.

Menopausa Che Sollievo
Liliana Alvisi, Ed. Vangelista, via Alberto Giussano 15, 20/45 Milano, Italia. 1978. Italiano. Lire 4000.

Questo libro esamina gli aspetti fisici e psicologici della menopausa in un contesto storico e culturale.

This book discusses the physical and psychological aspects of menopause in a historical and cultural context.

"Menopause"
Clio Nr. 5, Juni 1977. (See "Federal Republic of Germany")

Eine Serie von Artikeln über die Menopause: Interviews, Diskussionsberichte, persönliche Erfahrungen und ein sachlicher Artikel über Körperveränderungen.

A series of articles on menopause - interviews, reports of discussions, personal histories, and a factual article about body changes.

"Menopause"
Courage, Februar 1979. (See "Federal Republic of Germany")

Verschiedene Artikel über die Wechseljahre.

A series of articles on menopause.

"Menopause"
Pauline Bart and Marlyn Grossman. Women and Health, May-June 1976. Haworth Press, 175 Fifth Ave., N.Y., N.Y. 10010 USA. \$2.00.

Extensive, documented survey of menopause and aging patterns in a variety of cultures, emphasizing the societal, as opposed to the biological basis of menopause difficulties in the Western world.

Menopause: A Positive Approach
Rosetta Reitz. Penguin, 625 Madison Ave., N.Y., N.Y. 10022, USA. 1979. \$2.95.

Based on group discussions with hundreds of women about their experience with menopause, this self-help book challenges the myths and explores the alternatives in a warm, down-to-earth style.

"Menopause: printemps au parking?"
in Remue Menage, No. 4 (November 1979)

20 rue d'Hauteville, 75010 Paris, France.
Annual subscription FF85 (FF60 within France)

Un dossier sur la ménopause que présente des informations physiologiques, des expériences personnelles de femmes dans la ménopause, l'attitude de la profession médicale (surtout la thérapie hormonale), des employeurs, de la société, ménopause lesbienne.

This 20-page "dossier" on menopause includes concrete physiological information, personal experiences of women in menopause, attitude of the medical profession to menopause (especially hormone therapy), attitude of employers and society vis-à-vis menopause, lesbian menopause.

Menopause: Resource Guide No. 3
National Women's Health Network (see "USA")

Guide uses question/answer format to explore and de-mystify menopause - signs, medical ideas and treatments, and alternative remedies, including diet. Also includes analysis and case histories of hormones used as drugs, in menopause and as birth control, DES, etc. Comprehensive bibliography on menopause, plus resource people and groups. USA oriented resources.

Menopausia

CIDHAL (see "Mexico")

Un pequeño folleto publicado por CIDHAL. Es una corta explicación sobre la menopausia. Un poco medicalizado cuando habla del "tratamiento" de la menopausia.

A short booklet with a brief explanation on menopause. Somewhat medicalized when dealing with menopause "treatment."

"Older women and health care: strategy for survival"

Tish Sommers and Laurie Shields. Gray Paper No. 3, Issues for Action, Older Women's League Educational Fund. (see "USA") 1980. English.

The authors write: "--we fear that middle-aged women are falling through the cracks of the health care systems." They are researching the impact of specific gaps for women 40-65 years of age. Insurance discrimination and other kinds of sexism

are also discussed. Please send case histories, statistics, etc. regarding the availability of health care to: Andrea Pearldaughter.

OLDER WOMEN'S LEAGUE (O.W.L.) EDUCATIONAL FUND
(see "USA")

Over 50 Handbook for Safe Medicine Use
(see "Drugs and Drug Companies")

"Prevention and treatment of osteoporosis" J. Jowsey. In Nutrition and Aging, pp. 131-144, Ed., M. Winick. Wiley, N.Y., N.Y., USA. 1976.

Includes useful information. From a medical viewpoint.

Uncharted Territory: Issues and Concerns of Women Over 40

Marilyn Block et al. Lifespan Research Associates, 2125 Bucknell Terrace, Silver Springs, MD 20902, USA. 1978.

270 page curriculum guide produced under a grant from the Administration on Aging (US DHEW). Includes 14 units, such as "menopause and sexuality," "mental health and related issues," "health and medical issues," and "image of older women." Comprehensive bibliography, over 1,000 references.

VIDO - VROUWEN IN DE OVERGANG (WOMEN IN MENOPAUSE)
(see "Netherlands")

Von der Lust am Aeltenwerden
Marianne Meinhold and Andrea Kensemüller. Fischer Taschenbuch Verlag, Postfach 700480, 6 Frankfurt/Main 70, Bundesrepublik Deutschland (Federal Republic of Germany). 1978.

About the joy of getting older.

8.

NUESTRA SALUD Y NUESTRO MEDIO AMBIENTE
 NOTRE TRAVAIL ET NOTRE ENVIRONNEMENT
 UNSERE GESUNDHEIT UND UNSERE UMGEBUNG
 LA NOSTRA SALUTE E IL NOSTRO AMBIENTE
 OUR HEALTH AND OUR ENVIRONMENT

Where we work and where we live greatly affects our health as women. Occupational and environmental health issues are relatively new ones for the women's movement but women are becoming increasingly concerned with these issues as larger numbers of women join the workforce, as knowledge and awareness of environmental and work hazards grow and as more and more harmful chemicals, toxic and dangerous substances are introduced into our workplaces and living situations.

Women workers are exposed to health hazards such as toxic chemicals, fumes, dust, radiation, noise and stress in factories, in the fields, in offices, in shops and in our homes. Women's jobs are often among the most monotonous and stressful. More than this, however, certain jobs that are performed only or mainly by women entail specific hazards: women employed in the electronics industry are exposed to dangerous chemicals and often suffer severe impairment of their eyesight after a few years; textile workers suffer lung diseases; nurses and other hospital workers are exposed to radiation, infections and harmful chemicals; hairdressers use toxic sprays and dyes; office workers handle harmful chemical substances and increasingly must use equipment such as word processors whose harmful effects on health are just beginning to be realized; agricultural workers are exposed to dangerous pesticides. Women also carry the double burden of work in an outside job and work in the home, bringing with it stress and exhaustion. These are just a few of the health hazards women especially face. In addition, they are exposed to the same health hazards as men are in other jobs. As childbearers, women face special risks when exposed to radiation, anesthetics and harmful chemicals which can cause genetic mutation, birth defects, sterilization, and miscarriages. Industry's answer to this problem, however, has not been to make the workplace safe for all people, but to discriminate against women, refusing employment to fertile women or even, in some cases, requiring them to be sterilized in order to keep their jobs.

To solve these problems it is necessary for women to organize in their places of work, to investigate the health hazards and to apply pressure to clean them up. However, women often face the additional problem of male-dominated unions which are uninterested in addressing women's health and safety concerns. Women often need first to apply pressure on the unions to take up these issues.

Environmental health issues are closely connected to those of occupational health. Exposure to radiation and dangerous chemicals are not confined to the workplace. We are exposed to these in our daily lives and in our homes and neighborhoods as well: industries dump toxic wastes into our rivers and seas; radiation and dangerous chemicals leak into the air; harmful pesticides and herbicides are sprayed near our homes and on the food we eat. This affects the health of all of us and can have especially devastating effects on our reproductive systems and on our unborn children. The resources in this section will indicate some of the ways women are organizing around these issues.

(A) WOMEN AND OCCUPATIONAL HEALTH

Coal Mining Women's Support Team News!
P.O. Box 3403, Oak Ridge, TN 37830, USA.
English. \$3.00/yr.

Newsletter which covers safety and health issues for women coal miners. April 1980 issue includes a short piece on visit of US women coal miners to coal fields of South Wales.

"Changing role of Southeast Asian women: the global assembly line and the social manipulation of women on the job"
In joint issue of Southeast Asia Chronicle and Pacific Research, Southeast Asia Resource Center, P.O. Box 4000-D, Berkeley, CA 94704, USA. 1979. English. \$1.50.

Dealing with the exploitation of women in Southeast Asia by multinational corporations, this special issue examines the health hazards suffered by women working in the electronics industry, including serious impairment of eyesight.

Health Alert
Labor Council of Metro Toronto, 15 Gervais Dr., Suite 407, Don Mills, Ontario, M3C 1Y4, Canada. Free.

Newsletter of the Council. January 1980 issue focuses on radiation and the work place.

Health and Safety Information Packet
Women and Work Hazards Group (BSSRS), 9 Poland St., London W1, England. English.

This packet contains a copy of the Hazards Bulletin produced by the British Society for Social Responsibility in Science (BSSRS), articles and a bibliography on women and occupational health hazards.

La Mancanza di Potere e la Nostra Malattia
Centro per la Salute della Donna.
Galleria Trieste 6/9, Padova, Italia.
1977. Italiano.

Deals with the role of women as workers in the hospitals and health system.

Si tratta del ruolo delle donne che lavorano nella assistenza sanitaria.

"Occupational safety and health"
In Women and Global Corporations: Work Roles and Resistance, Directory of Resources. Nationwide Women's Program, American Friends Service Committee, 1501 Cherry St., Philadelphia, PA 19102, USA. 1980. English.

Bibliography of books, articles and films on occupational health and safety.

WOMEN AND WORK HAZARDS GROUP
(see "England")

Women Workers in Multinational Corporations: The Case of the Electronics Industry in Malaysia and Singapore
Linda V.C. Lim. Michigan Occasional Paper IX, University of Michigan, Women's Studies Program, Ann Arbor, MI, USA. Fall 1978. English.

This paper examines the impact of the multinational electronics industry on women workers, including the negative effects on women's health.

WOMEN'S OCCUPATIONAL RESOURCE CENTER
(see "USA")

Women's Work, Women's Health: Myths and Realities
Jeanne Mager Stellman. Pantheon Books, 021 E. 50th St., New York, NY 10022, USA. 1977. English. \$3.95.

Includes current data on many of the occupational risks both in and out of the home encountered by women, now half of the labor force in the USA.

"Working For Your Life" (see "Audio-visuals")

WORKING WOMEN'S CENTER (see "Audio-visuals")

(B) WOMEN AND ENVIRONMENTAL HEALTH

"Die ox in"
Sharon Lieberman. Health Right, Vol. 5 No. 2, 1979. (see "Basic International Resource List")

Reviews toxic effects of dioxin (contained in many herbicides), the tragic disaster in Seveso, Italy (1976), and experiences of women in Oregon and California with herbicide poisoning.

FEMINIST RESOURCES ON ENERGY AND ECOLOGY
(see "USA")

"Feminist Roots" (section on feminism and ecology)

RAIN, V. 6 #6, April 1980. Rain Magazine (monthly journal of appropriate technology), 2270 NW Irving St., Portland, OR 97210, USA. Single issue: \$1.50 plus postage. Subscription: \$15.00/year. Add \$2.80 for foreign surface mail.

Handbook for Women on The Nuclear Mentality

Susan Koen and Nina Swain. Women Against Nuclear Development (WAND), Box 421, Norwich, VT 05055, USA. 1980. English. \$2.00 plus postage.

Three-fold purpose of the Handbook:
1) to consolidate and develop the theory that women face a unique oppression from the development of nuclear plants and weapons, 2) to create a tool to help women organize themselves against nuclear development, 3) to suggest alternatives to the present nuclear mentality. Includes information about the health effects of nuclear energy and radiation on women.

MOTHERS FOR PEACE (see "USA")

"No silver lining: reports from the anti-nuke battlefield"

Lisa Chavez and Rosa Gardo. Health Right, Vol. 5 No. 2, 1979. (see "Basic International Resource List")

Interviews with several anti-nuke activists, including two women from the Southwest USA (actively working with Women of all Red Nations), a nurse from suburban Long Island, New York (member of Safe and Sound), and a feminist activist from Harrisburg, Pennsylvania, who helped organize the "Women's and Children's March" against nuclear power in April 1979.

Seveso est Partout

Les femmes du Groupe de travail Seveso, Case postale 111, 1227 Carouge/Geneva, October 1976. Francais. SFr.3.00.

Un dossier de documents et d'interviews sur l'échappement de dioxine - un gaz extrêmement toxique - à Seveso en Italie en 1976. La chronologie d'événements; les déclarations publiques de La Roche-Givaudin, compagnie responsable, des interviews avec des femmes de Seveso; une analyse des compagnies suisses impliquées; surtout l'effet sur les femmes des produits chimiques/pharmaceutiques comme pollution, drogues, maquillage. Une des seules analyses féministes de l'industrie pharmaceutique.

A collection of facts, interview and documents concerning the disastrous escape of the highly poisonous chemical dioxine at Seveso in Italy. Gives chronology of events, including public statements by La Roche-Givaudin, the company responsible, interviews with women from the Seveso area, and a detailed look at the Swiss companies involved, including their activities in Switzerland. Particularly analyzes the effects of these on women - pollution, drugs and cosmetics, with specific examples. One of the few feminist analyses of the pharmaceutical industries.

Undercurrents

27 Clerkenwell Cose, London EC1R 0AT, England. Tel. 01-253-7303. L3.60/year (US \$8.00/year).

Progressive journal with occasional articles on women and health; special focus on environmental issues.

UNION WOMEN'S ALLIANCE TO GAIN EQUALITY
(UNION WAGE) (see "USA")

WOMEN FOR ENVIRONMENTAL HEALTH (see "USA")

WOMEN OF ALL RED NATIONS (WARN) (see "USA")

ADDENDA (to "Environmental Health")

No Nukes: Everyone's Guide to Nuclear Power

Anna Gyorgy and Friends. South End Press, Box 68, Astor Station, Boston MA02123 USA \$8 Postpaid in US.

One of the best U.S. summaries and analyses of the issues.



Excerpts from "Nuclear Power is a Feminist Issue"

Dear Sisters:

The Feminist Anti-Nuclear Task Force has been formed in response to the crisis at Three Mile Island, a crisis which vividly demonstrated to the world that the impact of nuclear energy use is most devastating to women. Energy policy is one of the most critical decisions of our time. Women must make our power felt and our voices heard so that energy policies answer our needs and concerns. A New York Times poll, conducted in the wake of the Harrisburg nuclear disaster, shows that more women than men question the wisdom of nuclear energy.

The Harrisburg disaster makes clear that radiation hazards threaten women and children first. Yet no studies adequately assess the health effects of radiation on present and future populations. Medical science lacks even the knowledge to define and monitor populations at risk. In the face of inadequate safety controls and inadequate evacuation plans, women bear the final burden of fleeing with our families from a nuclear horror. We who bear ultimate responsibility for the health and well-being of our children, ourselves, and our families must halt the lethal threat of radiation and nuclear destruction.

The risk of genetic mutations and life-threatening disease increases with the use of nuclear power. Already certain medical technologies, like amniocentesis, make it possible for us to screen for birth defects. But women have little to say in the development and use of these technologies. We must ensure that we have control over our reproductive capabilities so that these technologies are not used in human "quality control" or as tools to carry racist, sexist, heterosexist, and classist priorities. We must demand

that medical science instead be devoted to controlling the hazards to which human beings are exposed.

The nuclear industry is exempt from financial responsibility in the event of a nuclear disaster. Women do not control the nuclear industry which produces the disasters, nor do we control the government which allows these disasters to happen. But women pay the price. Who will compensate for our forced job loss and our evacuation expenses? How can we put a price on damage to our reproductive potential? Who will foot the bill when women must support the ill and the dying as a result of a nuclear disaster? Women must force those responsible to be accountable for their destruction.

Energy is a feminist issue. Women may have been caretakers and nurturers for centuries. Thus we know the crucial link between survival and the regenerative, nurturing use of all our resources. We also know that the exploitation and domination of Mother Earth reflects and perpetuates the violent exploitation to which women ourselves are subjected. Myth, language and history make this clear. We must end the nuclear threat before it becomes the ultimate violent act. We call on women worldwide to resist, with our rage, our hearts, and our actions, this final threat to our survival.

--Carolyn Projansky
Women for Environmental Health

--J. Sidney Oliver
Quest: a feminist quarterly

--Gerri Traina
DC Area Feminist Alliance

--Sara Grusky
Abortion Rights Movement of Women's Liberation

1980



Rachel Burger/cpf

Nuclear Madness: What You Can Do
 Helen Caldicott. Autumn Press (Random House)
 1318 Beacon St., Brookline, MA 02146, USA.
 English. \$3.95 plus postage.

Australian-born physician describes in detail the medical and long-term consequences of radiation, from all sources. She stresses the fact that there are no "safe" limits of exposure from man-made sources, and urges the abandonment of nuclear energy and nuclear weapons. She stresses active resistance through a variety of mechanisms. One of the best on this subject.

"Nuclear power and militarization"
ISIS International Bulletin, No. 15, 1980.
 (see "Basic International Resource List")

Collected articles and documents from women in many countries who have been organizing against nuclear power and militarisation. Extensive resources.



Dones en Lluita: España



Workbook/cpf

9.

AUTO-AYUDA Y CUIDADO DE NUESTROS CUERPOS
 SELF-HELP/SE SOIGNER SOI-MEME
 SELBSTHILFE UND SELBSTTHEILUNG
 SELF-HELP: IMPARIAMO A GUARIRCI
 SELF-HELP AND HEALING OURSELVES

As part of a vital process to gain control over our lives and to improve the health and well-being of ourselves, our families and our communities, women have been re-defining our health and medical care needs, rediscovering the healing arts as practiced by our foremothers, creating alternatives to conventional (allopathic) medicine, and struggling to make the institutions around us more representative of and responsive to women. The philosophy of self-help, as expressed in various ways by women's groups working around the world, lies at the heart of women's initiatives in health.

There are many different approaches to healing. However, whatever our country or culture, we may find it difficult to learn about any but the dominant healing practices. Included in this section are a variety of resources women in different countries have found to be helpful. Although not by any means comprehensive, it represents a beginning of what we hope will be a wider sharing of knowledge among more and more women of different backgrounds.

"Alternative Heilmethoden"

Clio Nr. 6, Oktober 1977. ("See Federal Republic of Germany")

Eine ganze Nummer über alternative Heilmethoden: Heilkräuter und Frauengesundheit: Blasenentzündung, Herpes, Vaginale Infektionen, Menopause und alternative Behandlungsmethoden, Alternative Ernährung, Fussmassage, Akupressur, Yoga, Zahnpflege, Natürliche Verhütung.

Whole issue on alternative healing methods, covering herbs and women's health: bladder infections, herpes, vaginal infections, menopause; alternative nutrition, foot massage, acupressure, yoga, dental care, natural birth control.

"Australia: up from down under"

Jacqueline Bernard. Health Right Vol. 5 No. 1, 1979. (see "Basic International Resource List")

Describes philosophy, activities, and problems of the Liverpool Women's Health Centre, a women-controlled health center set up expressly for working class women. Like several other Australian women's health centers it receives government funds. Article also reviews

criticisms of six women health workers who, in December 1976, resigned from an abortion clinic operated by PSI (Population Services International). PSI has funded several large contraceptive marketing programs in Third World countries.

L'Autovisita

Gruppo Femminista per la Salute della Donna. See Italy. 1979. Italiano. Lire 1500.

Prepared by a self-help group, this booklet describes in detail a self-examination of the genitals externally, and internally with a speculum, and a breast examination. It also includes information on vaginal discharges and on the menstrual cycle.

Questo libretto è stato preparato da un gruppo di self-help e descrive dettagliatamente l'autovisita dei genitali dall'interno e dall'esterno con l'aiuto di uno specchio e anche l'autovisita del seno. Esso contiene anche delle informazioni sulle perdite vaginali e sul ciclo menstruale.

A Barefoot Doctor's Manual

Revolutionary Health Committee of Hunan

Province. Cloudburst Press, 85 S. Washington St., Seattle, WA 98104, USA. 1977. \$6.95 plus postage (USA), \$7.95 plus postage elsewhere.

The original version. Combines aspects of Western and Chinese approaches to basic health care and services at the community level.

• Basic Service Delivery in 'Underdeveloping' Countries: A View from Gonoshasthaya Kendra (see "Bangladesh")

• Bewusst fruchtbar sein (see "Pregnancy and Birth")

"Bloodmoney."

Amanda Sebestyn. Spare Rib No. 65, December, 1977. (see "Basic International Resource List")

Stunning analysis of the industries which have developed in response to the menstruation market, primarily in England. Advertising, profits, and trade competition among tampon, pad and pill manufacturers are documented as are women's efforts to fight their exploitation and bypass the commercial companies through the use of natural, re-usable sponges. For more information on sponges, write Emma Goldman Clinic for Women, 715 North Dodge, Iowa City, IA 52240. Sponges: \$1.25-\$1.50.

The Body Politic: Gynakologische Selbsthilfe

The Body Politic: A Feminist Perspective (see "Control of Women")

Bon Sang!

Association pour le journal Bon Sang!
Case Postale 130, 1211 Genève 1, Suisse
(Switzerland). Français. Abo. annuel
SFr. 5.00 (4 numéros).

• Un bulletin de contre-information santé des femmes. Informations sur le système d'assurance médicale en Suisse, sur des médicaments dangereux, sur la recherche de femmes pour une thérapeutique efficace et inoffensive, et sur des groupes qui proposent et pratiquent des alternatives au système médicale actuel.

A bulletin of counter-information on women and health. Includes information about the medical insurance system in Switzerland, dangerous drugs, research that women are doing for effective and harmless treatment, and groups which are practicing alternative healing methods.

Breast Cancer: Health Resource Guide No. 1

National Women's Health Network (see "USA")

This Guide covers recent changes in theory of breast cancer causation and current expert opinion on changes in treatment in the U.S. Performance of Breast Self-Examination (BSE), the risks and benefits of diagnostic x-ray, the importance of estrogen-receptor-assay tests, the options of radiation and lesser mastectomy to the radical mastectomy, as well as the option of reconstruction, are included. Sample testimony, many charts and diagrams are also given, along with extensive bibliography and resources.

"Breast cancer: main cause may be environment"

"Treating breast cancer: Findings question need for surgery"

Susan Okie. The Washington Post, 1150 15th St., NW, Washington, DC 20005, USA. Two-article series, October 28 and 29, 1979.

Concise summaries of recent research showing high likelihood that breast cancer incidence is diet/environment-related, and may be a response to peak periods of estrogen production in a woman's life cycle. Also discusses risks of mammography to women with particular types of breast tissue. Companion article summarizes recent findings in research on breast cancer treatment, including projected research designed to show how little surgery and little radiation can be used with similar survival rates to those more extensively treated.

The Breast: A Health Guide, Etc (see "Addenda")

THE RISE OF THE WOMEN'S HEALTH MOVEMENT IN THE USA

Once women began to gather for consciousness-raising sessions in the 1960s, their medical experiences were an unavoidable topic of discussion. In her painstakingly documented book The Women's Health Movement: Feminist Alternatives to Medical Control, Sheryl Burt Ruzek describes the catalytic meeting in Boston in 1969: a women's liberation conference where a small group of women participated in a "women and their bodies" discussion. "They had all experienced frustration and anger toward specific doctors and the health system," she writes. "To do something about doctors who were condescending, paternalistic, judgmental, and non-informative, they decided they would have to learn more about their own bodies."

From their early searchings through medical libraries, textbooks, and journals, the women finally assembled enough material for the first edition of Our Bodies, Ourselves (nee Women and Their Bodies). "Know your body" courses quickly sprang up in dozens of cities, and although Our Bodies, Ourselves is the best-known book on women's health, groups working in many other North American cities produced equally valuable educational materials which have received wide distribution.

When the nationwide educational effort began to take off in 1969, KNOW, a branch of the Pittsburgh chapter of the National Organization of Women, was already disseminating health-related information. Also in operation was the JANE Collective, a unique abortion referral service so named because callbacks from the group's telephone answering service always began, "This is Jane from Women's Liberation." In four years the group performed more than 11,000 abortions with an impeccable record: no woman ever died from the procedure, and no woman was ever denied an abortion for lack of funds.

According to Gena Corea's history, the first two women's health centers providing routine gynecological services were opened in 1970: Chicago's Emma Goldman Women's Health Center, named for one of the early heroines of both the labor movement and the birth control movement, and Minneapolis's Elizabeth Blackwell Women's Health Center, named for the first woman to obtain an M.D. in the U.S. Many other centers opened soon afterward across the country. Within a year, more than 800 women gathered for the first national meeting of its kind--the New York City Women's Health Conference.

In 1971 the movement took a new and decisive turn which would later inspire its imitators in the medical self-care movement. In April of that year, Carol Downer, a health activist and mother of six, demonstrated gynecological self-examination to a group of women gathered at Everywoman's Bookstore in Los Angeles. In 1972 the First National Conference of Gynecological Self-Help Clinics of America was held in Iowa City, Iowa. That same year, Sally Hirsch of Connecticut began publishing The Monthly Extract--An Irregular Periodical, an important newsletter of the self-help movement until around 1978.

Today, self-help means far more than self-examination. It represents a philosophy about women which empowers us to take control over our bodies, to take a more active role in providing women's health care, and to put women at the center of decision-making in reproductive rights. Toward that end, the self-help movement has given birth to a federation of health clinics, the Feminist Women's Health Centers (FWHC), now located in six cities: Los Angeles, Chico, Santa Ana, and San Diego, California; Atlanta, Georgia; and Detroit, Michigan. These clinics provide a model of care which is unparalleled in traditional medical

medical services: the "participatory clinic." In the clinics, six women are scheduled for appointments at the same time and meet for two hours. Each woman discusses her own problem and is then instructed in how to do self-examination, to perform any necessary tests, and to complete laboratory work.

According to Ruzek's book, by 1973 there were 35 ongoing women's health projects in the U.S. and 116 women's centers, many of which also offered some level of health services. By 1974 the number had grown astronomically: in that year the New York Women's Health Forum identified more than 1,200 groups providing some form of health information and/or advocacy services, and estimated the membership in women's rights organizations to be in the tens of thousands.

In 1973, the Women's Health Forum (NYC) began publication of HealthRight, a quarterly providing both women's health news and analysis. Others women's movement publications began to increase their coverage of health-related issues, thus bringing women's health news to a wider audience. These included: off our backs, Majority Report, The Second Wave, The Journal of Female Liberation, Up from Under, and Ms.

In 1974 the first of a number of groups was formed with the intention of monitoring health policy at the regulatory level. In that year a consortium of Bay Area health and consumer rights groups founded the Coalition for the Medical Rights of Women, originally to take action on the issue of IUDs, which neither the Food and Drug Administration (FDA) nor the California health authorities had regulated. Today, the organization has a full-time coordinator and works on a wide range of health issues.

The midpoint of the 1970s, 1975, was a landmark year for the women's health movement. With nearly 2,000 feminist journals and newspapers publishing regularly, a nationwide communications network was firmly in place, reaching enough people to attract 2,500 participants to the 1975 Conference on Women and Health in Boston, sponsored by such diverse groups as the New England Chapter of the American Medical Women's Association, the Boston Women's Health Book Collective, Planned Parenthood, and the Somerville Women's Health Project. Out of that conference grew a number of significant projects, including the DES Action Project, which went on to take its message to Washington. Representatives of the group visited congressional offices, the National Cancer Institute, and the FDA; ultimately, they testified before the U.S. Senate.

By the end of 1975 a group of women's health activists had united their efforts to form the National Women's Health Network (NWHN), a national membership organization of groups and individuals dedicated to influencing federal health policy affecting women. Today the group represents the most significant nationally focused force in the women's health movement. Its list of activities indicates the depth and breadth of its involvement in women's health: NWHN monitors FDA meetings, helps to provide expert witnesses at regulatory hearings, submits oral and written testimony to Congress, runs a speakers bureau, issues timely news alerts on critical women's health issues, and disseminates women's health information through its publication, Network News. Early in 1980 the group completed publication of nine resource guides covering various aspects of women's health, including birth control, sterilization, childbirth, breast cancer, menopause, hysterectomy, self-help,

abortion, and DES.

By 1976 the women's health movement had generated sufficient interest in the academic community to warrant the publication of a new journal, Women & Health, whose board of directors includes academicians as well as women's health activists. In 1977 the Women and Health Roundtable, an affiliate of the Federation of Organizations of Professional Women, began meeting as a forum to discuss and evaluate current and/or controversial issues in women's health care.

The initiatives made by women to take charge of their own health care have been considerable, particularly in view of the fact that the movement depends largely on volunteers and donations to sustain itself. In the past several years, much of the energy of women's health groups has been directed toward promoting patient advocacy, fighting restrictive abortion laws, and filing court suits against contraceptive drug and device manufacturers. In particular, women have worked to have Dalkon shields, the controversial IUD manufactured by the A.H. Robins Company, removed from the market; educated millions of women about DES; spoken out against the use of Depo-Provera, the experimental contraceptive which is administered by injection, lasts for three months, and has been shown to increase the risk of cervical cancer; alerted women to the hazards of estrogen replacement therapy during menopause; campaigned to have mercury removed from contraceptive jellies; informed women about alternative barrier methods of birth control, such as the cervical cap; helped to publicize the extent of sterilization abuse, particularly among black and Third World women, and worked to seek stricter federal guidelines governing sterilization; and brought to public attention the increased medicalization of the childbirth process, as evidenced by the rising cesarean rate, fetal heart monitoring, fetal scalp sampling, ultrasound prenatal diagnostics, and the elective induction of labor for nonmedical reasons.

In the past several years the women's health movement has been in the vanguard of the struggle to restore the practice of midwifery, to ensure the rights of parents to give birth where they choose, and to provide alternatives to the prevailing high-technology, pathological model of childbirth.

Central to this view of childbirth is a concern that women not be treated violently, an issue which, along with autonomy, has moved to the forefront of the women's movement. Violence against women--whether in the form of rape, physical abuse by partners, explicit pornography, media exploitations, sexual harassment in the workplace, or medical maltreatment--will clearly be a key issue for the women's health movement in the 1980s.*

Jessica Lipnack. From "The Women's Health Movement." New Age Journal, March 1980.

*In the second edition of this Guide, we hope to include a resource section on most aspects of violence against women, a vast area of concern which has tremendous impact on women's health and well-being. Time and space limitations prevented inclusion of such material in this edition.

spare Rib Resources for a Health Course

- No 10 The best of both worlds? — being bisexual . . . Restructuring of the National Health Service
- No 28 Flagyl Compak — treatment for 'trich' . . . Women and madness
- No 34 Self help herbs . . . Powdered milk in the Third World
- No 36 Childbirth . . . Valium . . . *Babies for Burning* exposed
- No 40 Spermicides . . . Psychoanalysis and female sexuality . . . Vasectomy
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"Breast cancer management: alternatives to radical mastectomy."

Bernard Fisher. Sounding Board, The New England Journal of Medicine, 15 Shattuck St., Boston, MA 02115, USA. August 9, 1979.

Physician director of national study reviews the theory and treatment of breast cancer following the U.S. National Institutes of Health (NIH) Consensus conference. The conference concluded that there is no justification for the radical (Halsted) mastectomy and Fisher suggests that there is now evidence that breast cancer is essentially a systemic disease, rather than simply a localized tumor which then spreads. He calls for further study to determine the value of less than simple mastectomy followed by radiation.

"Brustoperation 'es ist kein Krebs ... aber ..."

(see "Control of Women")

"Cancer therapies: Part II, Part III" Maryann Napoli. In Health Facts, Center for Medical Consumers and Health Care Information, 237 Tampion St., NY, NY 10012, USA. Jan-Feb '79-Vol. 3, Nos. 13 and 14; Mar-Apr '79. English.

Good summaries of politics and current issues in cancer research and treatment, emphasizing inadequate data and limitations of present therapies. Gives detailed references for alternative approaches to common cancers, including breast cancer, which consider nutrition and psychological help in a holistic framework.

Caring for Ourselves: An Alternative Structure For Health Care (A report on the Vancouver Women's Health Collective) Nancy Kleiber and Linda Light. School of Nursing, University of British Columbia, 2075 Wesbrook Place, Vancouver, British Columbia, V6T 1W5, Canada. 1978. English. Free.

Outstanding description and analysis of an alternative women's health model, the report includes detailed information on philosophy, politics and practical

arrangements integral to a non-hierarchical system. The group's varied services-- educational and medical-- are also discussed in detail.

Les Carnets del'Enfance

Assignment Children, UNICEF, Palais Wilson, Case Postale 11, 1211 Geneva 14, Switzerland. English, French, Spanish. \$6.00/yr., USA/Canada. 20FF all other areas. Single issues: \$1.80 USA/Canada, 6FF all others.

This good quarterly resource carries case studies and articles on specific themes. Academic in tone, it has some useful studies relating to women. No. 33 deals with alternative approaches to health care, with cases from Bangladesh, Pakistan, Thailand and Botswana. No. 35 deals with nutrition and village resources, covering projects in Upper Volta, Zaire, India, Philippines, Costa Rica, and Panama.

CENTER FOR MEDICAL CONSUMERS AND HEALTH CARE INFORMATION (see "USA")

"Cervical cancer on the increase" Sarah Calvert. Broadsheet. July/Aug., 1979. (see "New Zealand")

Discusses various physical and social factors implicated in the rising rate of cervical cancer in New Zealand.

"Chile: Privatización de la Salud" ISIS. In ISIS Boletín Internacional (see "Basic International Resource List") Nr. 2, April 1980. Español.

After briefly examining the negative effects of the changeover from social to private medicine under the present Chilean regime, this article describes an initiative by a group of women to study and practice basic health care and nutrition in their communities.

Analiza brevemente los efectos negativos que ha producido el cambio de la medicina social en medicina privada realizada por el actual régimen chileno. Describe una experiencia hecha por mujeres en el campo de la salud y nutrición en sus comunidades de base.

"Collective process"

Santa Cruz Women's Health Collective.
Santa Cruz Women's Health Center News-
letter Jan-June 1978 (series of 6 con-
secutive articles). (see "USA")

The Collective discusses important issues such as decision-making by consensus, collective vs. individual responsibility, structure, "burn-out," etc.

"Conference europeene sur la sante de la femme"

Barbara Newman and Lyba Spring. ISIS
International Bulletin, No. 4, 1977.
(see "Basic International Resource List")
French, English.

A short report on the first international women's self-help conference which took place in Rome in June 1977. Five major points covered are self-help, childbirth, health and the workplace, menstrual extraction, and international communication.

Costs, Risks, and Benefits of Surgery

John Bunker et al. Oxford University Press, New York, NY USA. 1977. English.

Extensive study of US surgical practice, based on government and private documentation, showing the factors which have led to the world's highest rates of surgery, some of which are unnecessary, especially for women.

"Convegno Internazionale sulla salute della Donna"

Gruppo Femminista per la Salute della Donna in Differenze, Via Germanico 156, Roma, Italia. Nr. 6/7, January 1978. Italiano. Lire 15.00.

Prepared by a different feminist collective each time, this issue of the magazine was produced by the Rome Self-Help group which organized the first international feminist conference on health in Rome, in June 1977. The entire issue is devoted to a report on the conference which discussed many aspects of women and health including abortion, contraception, population control, self-help, vaginal infections and alternative cure, women's health clinics, and sexuality.

Questo numero della rivista, che di volta in volta viene preparata da diversi collettivi femministi italiani, è dedicato alle tematiche discusse nel primo convegno internazionale sulla salute della donna, tenutosi a Roma nel giugno 1977. Gli aspetti più dibattuti riguardano l'aborto, la contraccezione, il controllo della popolazione, il self-help, le infezioni vaginali, la medicina alternativa, le cliniche per la salute delle donne, la sessualità.

"Critical weights, a critical body composition, menarche and the maintenance of menstrual cycles"

R. Frisch et al. Biosocial Interrelation in Population Adaptation. Maiton, The Hague, 1976. English.

Complete exposition of the factors necessary to trigger and maintain fertility in women. Includes the role of nutrition, physical activity, etc., with historical as well as contemporary documentation.

Cuaderno Feminista - Introduccion al Self-Help

Leonor Taboada. Editorial Fontanella, Escorial 50, Barcelona 24, Spain. 1978. Espanol.

Un folleto corto y completo sobre auto ayuda. Incluye auto examen, contracepción, métodos abortivos, ejercicios para mejorar la dismenorrea, examen de los senos, infecciones genitales y curas alternativas, menopausia y violación.

A short but comprehensive and clear handbook on self-help, covering self-examination, contraception, methods of abortion, exercises to relieve painful menstruation, breast examination, genital infections and alternative cures, menopause and rape.

DES (Diethylstilbestrol): Resource Guide No. 6

National Women's Health Network (see "USA")

Introductory guide describes the tragedy of drug-induced abnormalities in reproductive organs of children whose mothers took the estrogen, DES, during pregnancy in USA. Cases of cancer, some of them

WOMEN'S GROUPS CONFRONT HOSPITAL IN TURIN

On November 3, 1978, the S. Anna Hospital of Turin (the Bos. and Byn. hospital, seeing 7,000 women a year) was occupied by a majority of the Turin women's collectives. These included: self-help groups; collectives which intervene in public "consultori" (gynecological and family planning centres); some of the women from a women-run consultorio (others from the consultorio didn't agree with the occupation and disapproved it mainly because, they say, it was once more a demonstrative action with no future; and women from the "150 hour" courses on women and health. ("150 hour" means time off from work to study -- 150 hours paid for by the factory and 150 paid for by the workers. Last year there was an all-women course on health involving 1,000 women, run by women and doctors.)

Why? With the new law on abortion in Italy, which was passed in June 1978, a woman is allowed an abortion up to twelve weeks pregnancy after the doctor has certified her pregnancy, she has given her reasons, and has had a week to "think it over." She has to be over 18 or have her parents' consent.

We had a big problem with conscientious objectors, doctors who refuse to perform abortions. They don't have to specify why (e.g. a religious motivation). They can just refuse. In many places, it is therefore practically impossible to get an abortion. This has caused enormous problems. In Rome a group of women occupied an empty ward in one poli-clinica for several months, running the ward themselves and getting gynecologists to perform the abortions.

In Turin there was a three-week waiting list which meant that women were having to wait until the last week (twelfth) to get an abortion. They were offered no choice on the method or on the anesthesia and were generally kept for two to three days, which meant the list was getting longer and longer. Women over three months pregnant either go to London or have to have a doctor certify danger of life, deformity of the fetus, or very dangerous illness, which means it's very difficult to get an abortion after twelve weeks.

We occupied a new ward which was nearly finished and got the doctors to use the suction method up to eight to ten weeks, with local anesthesia if the woman wanted it. We held two meetings with the nurses and midwives and jointly asked for an increase of the personnel, but it was very difficult to go beyond that and talk about ourselves and them. When we extended our requests to labor (choosing the method, explanations in case of cesarean and induced labor, possibility of having someone near you -- home births are only in the country now, and cesareans, induced labor, and hospitalization are being forced in all the medium or large-size cities), we found difficulties both with the doctors and with the nurses and midwives.

Our requests, negotiated with the hospital and local administrations, included a day hospital, what I have already mentioned on deliveries and decisional power, abortions with the suction method, being accompanied into the operating theatre, and a stronger link between the hospital and the consultori, and that women who had already spoken among themselves should be together in the ward, and that each ward should cover one community so that they could have a better follow-up with the same doctors.



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The administrations have not accepted most of these requests (except for the day hospital, which will be built god knows when, and the suction method, at the doctor's discretion). The waiting list is now down to 20 from the original 180.

The occupation lasted a week, and we are now continuing in the consultori, which we want open for longer hours so we can meet, have self-help and consciousness-raising groups, and sometimes accompany women to the hospital. We're also planning a new health center. We got no help at all from the doctors, even though we had been in contact with some of them for a few years. When the administration and the heads of the department accepted to operate every day, and not just two or three days a week, and to use the suction method, some followed. Most of these were afraid of damaging their careers and exposing themselves to retaliation. Some of these work for nothing for four or five years before getting a regular job. We asked the younger doctors to add their struggle to ours, but they didn't.

Excerpt from report by Vicky Franzinetti, Torino, Italy

fatal, have occurred. Both sons and daughters have been affected, and require lifetime care. Sample testimony, updated factual information, lawsuits, and resource persons are included, with bibliography and directory of groups for additional help.

DES Task Force Summary Report

Department of Health, Education and Welfare, (USA DHEW), DHEW Publication No. (NIH-79-1688). National Institutes of Health, Washington, D.C., USA. Free.

Experts' summary report of the problem of DES (Diethylstilbestrol) and recommendations for the future.

Diabetes literature and resources packet.

Collected by Margaret Reid of Ontario, Canada. Available from Boston Women's Health Book Collective (see "Basic International Resource List")

Through diet alone 80% of all diabetics can be treated. In particular, diets high in complex carbohydrate and fiber are beneficial. However, inappropriate use of insulin and pills continues, even with the remaining 20% of diabetics (juvenile type). Much of the medical profession remains unaware of important recent literature on this subject, some of which is included in this packet.

Donde No Hay Doctor (Where There is No Doctor)

David Werner. The Hesperian Foundation, P.O. Box 1692, Palo Alto, California 94302, USA. Spanish, English, Portuguese, and Swahili.

Over 400 pages long, this manual of medical and health care is intended for use especially in rural areas where professional help is not readily available. Written in simple language, it deals with diseases, injuries, nutrition, birth control, childbirth and hygiene. Wherever possible, this manual gives information about home and herbal remedies and discusses which traditional medicines and practices are useful and which are not. It also draws the links between health and political-economic-social structures.

Manual de medicina y cuidado de salud de alrededor de 400 páginas dirigido para ser usado especialmente en áreas rurales donde los profesionales de la salud no tienen acceso. Escrito en un lenguaje simple, trata de temas como enfermedades, nutrición, control de natalidad, nacimiento de niños y higiene. Da información acerca de remedios caseros, hierbas, y señala que aspectos de la medicina tradicional son útiles y cuales no. Muestra las conexiones entre la salud y las estructuras políticas, económicas y sociales.

Donna e Medicina

Italian feminists and Self-Help Groups. Edizione Gulliver, Corso Venezia 40, Milano, Italia. 1978. Italiano. Lire 2000.

With contributions from Italian feminists who have been working in self-help groups, this book emphasizes the importance of women's control and knowledge of their own bodies. It discusses genital infections and how to prevent and cure them, abortion, contraception, self-help, the health care system, and the relationship between hospitals, women and gynecologists.

Attraverso le esperienze di femministe italiane impegnate nei gruppi si self-help, questo libro sottolinea l'importanza della conoscenza del proprio corpo. Il libro tratta delle infezioni genitali, de come curarle e prevenirle, dell'aborto, della contraccezione e self-help, del sistema sanitario, della situazione ospedaliera, del rapporto tra donna e ginecologo.

Examen Gynécologique

Les femmes du Centre Femmes. MLF, Case Postale 111, 1227 Carouge/Geneva, Switzerland. September 1976. Français. SFr. 2.00.

This 47-page booklet is a self-help guide concentrating mainly on gynecological examinations and infections. Details what we should expect from a good gynecological exam done by a doctor, and sets forth one woman's personal experience of women's self-help as an alternative.

There is also considerable emphasis on the political context of the women's self-help movement, including a section analyzing why the medical system works against women. The practical sections use clear photographs and diagrams. A good resource.

"Feminist alternatives - safety valves for the system?"

Penny Fenwick and Margaret McKenzie. Broadsheet, May 1979. (see "New Zealand")

By examining case studies the authors explore the advantages and disadvantages of self-help and feminist alternatives in practice.

"The fight to save St. Helen's" (see "Control of Women")

GRUPPO DI RICERCA PER LA SALUTE DELLA DONNA (see "Italy")

The Handbook of Alternatives to Chemical Medicine

Mildred Jackson, N.D. and Terri Teague. Lawton-Teague Publications. 1975. Available from the authors, Box 656, Oakland, CA 94604, USA. \$4.95 plus \$1.00 postage (make checks payable to the title).

Very useful guide to the use of nutritional, herbal, and other "alternative" remedies for numerous health problems (backaches, arthritis, skin disorders, cancer, reproduction problems, headaches, teeth and gum problems, etc.). Includes sections on fasting and emergency procedures.

Healing at Home: A Guide to Health Care for Children

Mary Howell. Beacon Press, 25 Beacon St., Boston, MA 02108, USA. 1979. English.

Original self-help guide for mothers explains how to decide when to ask for medical help and when to give care at home. Emphasizes prevention and nurturance, with excellent advice, support and respect for parents.

"Health and herbal medicine"

Vicenta Mendoza Escobar. Impact, A Monthly Asian Magazine for Human Development, 202 Balagtas St., Pasay City, P.O. Box 2950, Manila, Philippines. Vol XI, No. 6, June, 1976. Part II.

Three articles on medicinal herbs and plants of the Philippines, including coconut water treatment for diarrhea, showing how they might offer a desirable alternative to expensive commercial chemicals. These and a following article discuss the whole situation of health in Southeast Asian countries, encouraging independence from distant industrial help.

"Health care and healing: a womanly tradition"

(see "Woman as Paid and Unpaid Health Workers")

"Healthcaring From Our End of the Speculum" (see "Audio-visuals")

Health Manual

Kahayag, 3-C Pag-asa St., Sta. Ana, Davao City, Philippines. 1980. Pictorial.

This manual was developed during seminars for women in the community based health program. Because of a high degree of illiteracy among the participants, the manual uses pictures and comics to show the illnesses discussed in the seminars, emphasizing herbal and oriental medicine which the women can use.

Healthsharing

Women Healthsharing, A Resource and Writing Collective. Box 230, Station "M", Toronto, Ontario M6S 4T3. Canada. Tel.: (416) 968-1363. Subscription: \$10.00/year, institution: \$5.00/year, individuals. English.

Quarterly newsletter (first issue appeared in November 1979) which covers wide range of women's health concerns. Highlights Canadian events, activities, and resources. Hopes to publish in both English and French (possibly by the end of 1980).

"Helping oneself to health"

Helen Marieskind. Social Policy, Vol. 7 No. 2, Sept/Oct 1976. 33 W. 42nd St., NY, NY 10036, USA. Subscription: \$15.00/year.

An original statement on women and health. Traces the history of women's role in healing up to the modern concept of women's self-help.

"Hemorrhoids: simply treated with natural medicine"

Cal Cohen. Well-Being (the do-it-yourself journal for healthy living) No. 42, April 1979. Box 1829, Santa Cruz, CA 95061, USA. Single issue: \$1.50. Subscription: \$12.00/year.

Includes some excellent natural remedies for a widespread, yet much "undiscussed" health problem. Pregnant women are especially prone to hemorrhoids.

"Herbs and Healing"

ISIS International Bulletin, No. 8, 1978. (See "Basic International Resource List")

An examination of the economics of commercial pharmaceutical medicines as opposed to traditional herbal remedies in the Philippines. Clearly shows the advantages, both economically and socially, as well as for people's health, of using traditional herbs for many illnesses. Gives specific examples of "folk" medicine, for, e.g., painful menstruation, headaches, diarrhea. (Article taken from Impact, June 1976, The Philippines.)

Hexengefluster 2

Feministisches Frauen-Gesundheits-Zentrum. Frauenbuchvertrieb, Mehringdamm 32-34, 1000 Berlin 61, Bundesrepublik Deutschland (Federal Republic of Germany). 1977. DM 12.

Frauen greifen zur Selbsthilfe, Illustriert. Über bevölkerungs- und Familien politik, sexualität, Selbsthilfe, alternative Heilmethoden und Gesundheitspflege von Frauen für Frauen.

"Witches' Whisperings" is a book written by women about population and family policy, sexuality, self-help, alternative healing techniques and health care by women. Illustrated.

The Hidden Malpractice

(see "Control of Women")

Hoe Tanta Sjaan Haar Lichaam Leert Kennen
(How Aunt Sjaan Learns About Her Body)

Edited by the Studium Generale Rotterdam, Postbus 7138, Rotterdam, Nederland. 1979. In Nederlands.

Dit boek is bedoeld om te gebruiken ten behoeve van kursussen met en voor vrouwen. Het is geschreven door een groep vrouwen. Het boek gaat over de kennis van het eigen lichaam, over de menstruatie, zwangerschap, abortus, antikonceptie, eetgewoonten, borst onderzoek, borst kanker, enz.

Written by a group of women, this book is intended for use in adult education courses for women. The material covers basic body knowledge, menstruation, pregnancy, contraception, abortion, eating habits, breast examination and cancer, and more.

The Hot Flash

(see "USA")

"How to run a health course"

Brent Women's Centre. Spare Rib, Issue 94, May 1980. (see "Basic International Resource List") English.

Useful description of how to set up a women's health course: how to decide on course content, how to publicize so that many women attend. Discussion of financing, philosophy, helpful suggestions.

"How helpful is self-help?"

Penny Fenwick and Margaret McKenzie. Broadsheet, April 1979. (see "New Zealand")

Discussion of how the concept of self-help can be "co-opted" by the health establishment as a palliative to the taxpayer/consumer concerned at the inordinate expenditure on health - a palliative which puts the responsibility back onto the individual for her or his own well-being, ignoring the redistribution of power and resources necessary to destroy the hold of the manufacturers of illness."

WOMEN AND HEALTH ACTIVISM IN OTHER COUNTRIES: A VIEW FROM THE U.S.

Women and women's groups in many European countries are working on issues such as reproductive freedom and legislative changes around abortion and contraception, without necessarily viewing them as "health" issues, as they are so often seen in the American context. Many of these groups have already begun to form links between themselves and similar groups in other countries. Other groups have arisen spontaneously around a particular issue or local crisis without always being aware of the existence of other groups, even in their own countries. Only the women's self-help health groups in Europe, adapted from the U.S. model, have had a clear focus on women, health, and self-help from the start, strongly linked to women elsewhere.

Despite language barriers and despite differences in culture, medical laws and medical practices, a common ground is emerging around the theme of women and health, if not an International Women's Health Movement. The first national women and health conference in England was held in Sheffield in 1974; in the U.S.A., in Boston, in 1975. The International Crimes Against Women Tribunal in Brussels, Belgium, in 1976, while not focused exclusively on health, did include a major section on medical abuses. In June, 1977, the first international conference on women and health was held in Rome, coordinated by the Rome self-help group, Gruppo Femminista Per La Salute Della Donna. It brought women together from nineteen countries, and included a wide range of issues. Over the past two years, a European-based international coalition of women and groups concerned with abortion, contraception and sterilization (ICASC) has begun to work together more closely.

Important differences in the systems of health and medical care around the world inevitably have contributed to differences in the efforts women have made to change the system of women's health care in their own countries. Within the U.S., for example, the fact that health care is not free has unquestionably stimulated the strength and rapid rise of the movement here. In countries where the health system is government-sponsored and financed, and care is free, as in France, for example, much of that stimulus virtually disappears. Proposals for change and for alternatives then typically arise in a political minority context, almost exclusively focused on reform and control by different governments rather than on basic re-structuring of health care or on direct control of the system by citizens themselves. In other words, there is very little challenge to professional control, though it does exist.

Women, many of whom work a double or triple day in most countries, scarcely have the energy to organize such confrontations. In parts of the developing world, they may not even be permitted to leave their homes for such a purpose. Yet despite these strong deterrents, many of them do organize. Increasingly, the demand for legal, safe abortion and contraceptive services has erupted throughout the Third World. Deepening class divisions, in society and in the health care system, have resulted in unequal access and unequal treatment of poor and minority women everywhere. These class divisions are revealed dramatically in the lowered life expectancy for their infants and children, and for their people as a group. But while governments and health activists alike are agreed that this inequality in access to "quality" health and medical care should be eliminated, there is not always a recognition at the same time that these differences in health status are not actually due to the lack of intervention and care by the medical system primarily. In some individual cases this may be true, but on the whole such differences are much more the result of the food we are able to eat, the water we drink, the air we breathe, and the lifestyle we are forced to live.

The building of medical institutions and the creation of elite professionals to treat individual illnesses is frequently modern industrial society's substitute for the solutions to health problems which could only be brought about through broader societal, community and economic changes. Meanwhile most governments have not, in fact, lived up to their campaign promises: health and medical care for poor and Third World minority women and their families still remains embarrassingly inadequate, punitive and/or difficult to obtain.

Women's health activists are trying to strike a balance between the recognition of the need for necessary, emergency care and primary care, on the one hand, and the ability to command the most sophisticated technology, which is relatively ineffective, on the other. While it is possible for us to care for ourselves with greater effectiveness, this ability cannot be used as an excuse by governments to cut down on essential services, nor the assigning to women of yet another unpaid, unrecognized job in the home. Most particularly, caring for ourselves cannot become a substitute for controlling the behavior of corporations or changing those living conditions which might make control over our lives and optimum health possible.

The term "health" is so vastly overworked, as are essays on its use, that the only point to be made here is this: if health behaviors really are the things people do for themselves in order to take care of themselves, and not the ways people treat themselves for diseases rather than seeking or submitting to treatment by a professional, then why is it anyone's business, particularly medicine's? Modern physicians have virtually no training in preventive medicine, and only a handful have any exposure to public health. There is, in fact, blatant medicalization in the assumption that all care that people give themselves is, or ought to be, under medical control and supervision. The central flaw in "self-care" is the concept of medicalization it contains.

First identified by Zola and later Illich, medicalization is the arbitrary definition of life situations and problems as medical, requiring medical action.

... In fact, what much of the genuinely lay-initiated self-help and self-care movement is about is rolling back medicalization, re-claiming areas of normal life which have been defined as medical. What Zola and Illich are both talking about is society's concessions of growing areas of power and function to the institution of medicine, thus allowing it to determine for all of us what we may legitimately know, think and do about our own lives and health, by virtue of its expertise. To reclaim these areas is the community's task, whether medicine con-

cedes or not. Just because medicine has once extended its domain in this way does not confer on it the right to supervise "the transfer of skills" from practitioner to layperson.

It is common to speak of the patient and layperson as neuter, an abstraction, and similarly with the practitioner. This chronic focus on role in the language continues to obscure the central factor of sex in all health care, but especially in self-care or self-help. Quite apart from the fact that there is a vigorous women's health movement devoted to women's health, women are already implicated in the overwhelming majority of all health and medical care, whether as workers paid by the system, as clients, or as unpaid workers in the home. This has always been so. The more self-care becomes home care, the more women will be expected to provide that care, and frequently free of charge. Indeed, in many states right now, the frantic search for cost-savings in health programs has speeded up the rate at which women at home are suddenly seen as competent (and available) to manage chronic or long-term care for family members which once could only be "delivered" by professionals in an institutional setting.

Whether such home care is appropriate or not is not the point. The fact remains that women will increasingly emerge as involuntary servants in any planned or legitimized program of self-care because there is simply no one else to do it. In that sense the problem is historic and world-wide.

"Self-care" (Review) Norma Swenson

Hygieia :A Woman's Herbal

Jeannine Parvati. Freestone Collective,
Box 4048, Santa Rosa, CA 95402, CA. 1978.
\$9.00.

Attractive and well-illustrated herbal guide. Author integrates practical information with concepts of wholistic health and her own spiritual consciousness. Covers menstruation, birth control, abortion, pregnancy and childbirth, nutrition, aphrodisiacs, and psychoactive herbs. Includes personal stories, dreams, poems, and a glossary.

Hysterectomy: Resource Guide No. 2
National Women's Health Network (see "USA")

Self-help guide to the hysterectomy experience - what to expect, what to watch out for. Also, case study of the Canadian experience in reducing hysterectomy rates. Comprehensive bibliography, resources, primarily U.S.-oriented, some English listings.

If You've Thought About Breast Cancer

Rose Kushner. Office of Cancer Communications, National Cancer Institute, Washington, DC 20205, USA. 1980. Free.

Excellent, up-to-date short book on breast cancer, covering diagnosis, treatment options, and USA public policy issues.

Infezioni Vaginali

Gruppo Femminista per la Salute della Donna. (see "Italy"). 1979. Italiano. Lire 16.00

Prepared by a self-help group, this booklet discusses various vaginal infections, how to prevent and to recognize them and how to cure them with home remedies. It also discusses the medicines used by the medical profession for these infections with the possible side-effects and disadvantages.

Preparato da un gruppo di "self-help," questo libretto tratta delle varie infezioni vaginali, come prevenirle e riconoscerle nonché come curarle direttamente a casa. Tratta anche dei medica-

menti usati da medici specialisti, indicando gli effetti secondari ed eventuali controindicazioni.

Insieme Contro: Esperienze dei Consultori Femministi

Clara Jourdan. Edizioni La Salamandra, Via Fabio Filzi 27, 20124 Milano, Italia. 1976. Italiano. Lire 2800.

In recounting the experiences of women in feminist health clinics, this book emphasizes the need for self-help, consciousness-raising and women's health centers as an essential step toward liberation. It also denounces the control of the medical establishment over women.

A partire dal racconto delle esperienze delle donne nei consultori femministi, questo libro sottolinea il bisogno del self-help, della crescita della coscienza e di centri per la salute della donna come un passo essenziale verso la liberazione. Il libro denuncia anche il controllo esercitato sulle donne da parte della medicina ufficiale.

"Internationaler Frauengesundheitskongress in Rom"

Clio, Nr. 5, Juni 1977. (see "Federal Republic of Germany")

Ein kurzer Bericht über den internationalen Frauengesundheitskongress in Rom, Italien, Juni 1977.

Short report on the International Congress on Women and Health which took place in Rome, Italy, in June 1977.

"An interview on women's health politics" (parts I and II)

Frances Hornstein. Quest, Vol. I, Spring 1974 and summer 1974. Box 8843, Washington, DC 20003, USA. Each issue: \$2.50.

Part I reviews the policies, internal organization, and politics of the Feminist Women's Health Centers (FWHCs). Part II focuses on the uses and importance of money in a feminist organization.

"Is Marriage A Health Hazard?" (see "Audiovisuals")

"The Katiwalas"

ISIS International Bulletin, No. 8, 1978.
(see "Basic International Resource List")

Report on a project in Davao in The Philippines where the community set up a training scheme for members of a health cooperative to "service" the community. The trainees-"Katiwalas"-gained knowledge and practice in preventive medicine: hygiene, immunization, nutrition, family planning and childbirth. Describes impact on women's lives, especially the new sense of control they gained.

Kvinnohälsa-Din Kropp och hälsorården, en omvärdering (Women's Health - Your Body and the Health Care System Re-evaluated) (see "Sweden")

Lesbian Health Matters!

Members of the Santa Cruz Women's Health Collective. (see "USA"). 1979. \$3.25 plus 50¢ postage and handling.

To date, the most complete resource on lesbian health. Includes chapters on gynecological health, health and sexuality, alternative fertilization, menopause, alcoholism and co-alcoholism, feminist therapy, etc.

"Lifting the curtain of silence on marijuana and cancer chemotherapy"
Alice Downey. Women Wise, Vol. 3 No. 1, Spring 1980. (see "USA")

Discusses controversy surrounding therapeutic uses of marijuana. Good example of how conventional medicine attempts to obstruct (or else control) alternative treatments.

Manual for Child Nutrition in Rural India (see "Food and Eating")

Manuel pratique de gynécologie et d'obstétrique pratique

Rina Nissim. Dispensaire des Femmes, 4 rue du Mole, 1201 Geneve, Suisse (Switzerland). Français. En préparation)

"Je suis une militante féministe active surtout dans le domaine de la santé des

femmes et une travailleuse du dispensaire des femmes.

J'écris ce manuel pratique, destiné aux travailleuses de la santé et aux femmes des groupes self-help pour fixer les différentes pratiques alternatives que nous expérimentons ici.

Les traitements sont classés par signes désagréables comme règles douloureuses, contractions en dehors de l'accouchement.. Sur les pages de gauche on trouve la médecine traditionnelle et sur les pages de droite les médecines alternatives. En médecine alternative, je regroupe les connaissances en phytothérapie, aromathérapie, médecine chinoise (herbes et acupuncture), par oligo-élément, anthroposophie et médecine populaire des femmes.

Je suis intéressée de recevoir des informations d'autres groupes de femmes dans ces domaines et j'espère finir pour fin 80."

"I am a militant feminist, especially active in the area of women and health, and I work with the women's health centre in Geneva. I am writing this practical manual for the use of women health workers and women of self-help groups, and in order to set out the various practical alternative healing methods we are experimenting with here.

Problems are classified by symptoms, such as painful periods, contractions outside childbirth. . . On the left-hand page is the traditional medical treatment, on the right-hand page the alternative healing methods. Under alternative methods, I draw on knowledge about herbal healing, tincture, Chinese medicine (herbs and acupuncture) and the popular healing methods of women.

I am interested in receiving information about other groups of women in these areas: I hope to finish the book by the end of 1980."

"Medicinal plants - the possibility of opening nature's drugstores to the poor" Vincenta Mendoza Escobar. Impact, No. 6, June 1976. Box 2950, Manila, Philippines. English. Write for remitting information

(numerous addresses around the world).

Impact is a monthly Asian magazine for human development.

Diabetes literature and resources packet
Collected by Margaret Reid of Ontario, Canada. Available from Boston Women's Health Book Collective, Box 192, West Somerville, MA 02144, USA. (See "Basic International Resource List")

Through diet alone 80% of all diabetics can be treated. In particular, diets high in complex carbohydrate and fiber are beneficial. However, inappropriate use of insulin and pills continues, even with the remaining 20% of diabetics (juvenile type). Much of the medical profession remains unaware of important recent literature on this subject, some of which is included in this packet.

"Medicine: beyond cure?" (see "England")

"Menstruation"

Boston Women's Health Book Collective (see "Basic International Resource List") 1979. English. Send self-addressed envelope.

Eight-page pamphlet with basic information on menstruation, natural remedies for menstrual problems (including menstrual massage for 2 people), and alternatives to sanitary napkins and tampons for absorbing menstrual flow.

"Menstruation", Sonderheft DM 6.00 Courage, 1979. (see "Federal Republic of Germany"). Einzelbestellungen an: Frauenbuchvertrieb, Mehringdamm 32-34, 1000 Berlin 61.

Die verdrängte Kulturgeschichte der Menstruation, unsere Verleugnung der Blutung, Anpassung an den männlichen Körper als Mass aller Dinge.

History of menstruation which until now has been repressed, our disowning of blood, portrayal of the male body as being the norm.

"Menstrual extraction: procedures"
Lorraine Rothman. Quest, Box 8843, Washington, DC 20003, USA. English.

Vol. 4, No. 3, 1978.

Detailed account of the origin and technique of menstrual extraction, including the development of the technology, by one of its originators. Simple, clear account of one of the important contributions of Self-Help.

"More notes on restructuring"

Sharon Hamilton. Emma Goldman Clinic for Women Newsletter, No. 2, 1978. 715 N. Dodge St., Iowa City, IO 52240, USA. Send \$1.00 to cover mailing costs.

"There have always been problems with collective structure. . . inefficiency, lack of direction for many, lack of productivity, little accountability, burnouts, and sometimes chaos." This brief article describes one group's efforts to solve some of these problems (through more job specialization, fewer committee meetings, etc.), creating a more workable collective structure and process. An article from an earlier Newsletter, "Restructuring at Emma: notes from Gina," is also useful.

"Mother and child in Bangladesh"

Zafrullah Chowdhury. Asian Woman, May 1979. C/o Lucknow Publishing House, Lucknow, India. English.

An article about malnutrition in Bangladesh and the project of the Gonoshasthaya Kendra which is a multi-dimensional approach to health - not only training paramedics, traditional midwives, etc., but also setting up credit and insurance schemes and agricultural projects on a cooperative basis. Shows how health care can be provided for a very small investment against what is possible, but remains pessimistic about any "development" project within the present economic system.

Mujer y Desarrollo

Mujeres en Desarrollo, Inc. Apartado 325, Santo Domingo, Republica Dominicana. Español.

Well-illustrated and written in simple language, this newsletter, intended for women in rural areas, deals with basic health issues such as nutrition, growing

food, breast feeding and infant feeding, how to prevent and care for illnesses. It emphasizes women taking control of their lives.

Bien ilustrado y escrito en lenguaje simple, este boletín se ocupa de las mujeres en las áreas rurales. Trata problemas básicos como nutrición, cultivo de la tierra, dar el pecho, y alimentación de niños. Enseña como preveer y curar enfermedades. Inculca en las mujeres la necesidad de controlar ellas mismas sus vidas.

A New View of a Woman's Body: The Totally Illustrated Guide of New Information From the Women's Health Movement

The Federation of Feminist Women's Health Centers. Simon and Schuster, 1230 Avenue of the Americas, New York, NY 10020, USA. Forthcoming, Fall, 1980. English.

The first illustrated guide to women's health prepared by women's self-help groups, includes 100 color photographs and 160 illustrations of well-woman examination and care. Chapters include new information on anatomy, physiology, birth control, abortion, etc. From woman-controlled research in the U.S. woman's health movement.

The New Women's Health Handbook

Nancy MacKeith, ed. Virago Ltd., 4th floor, 5 Wardour St., London W1V 3HE, England. 1978. English. £1.95.

A self-help guide including chapters on self examination, menstruation, menopause, contraception, abortion, pregnancy and childbirth, vaginal infections, cancer, drugs, nutrition and smoking. Geared toward Britain, it also includes sections on the National Health Service and social security. Many clear diagrams. Some inaccuracies in several sections, e.g., on hormonal replacement therapy.

"A Notre Santé"
(see "Audio-visuals")

Our Bodies, Ourselves: A Book by and for Women

Boston Women's Health Book Collective.
(see "Basic International Resource List")

Ourselves and Our Children

Boston Women's Health Book Collective.
Random House, 201 E. 50th St., NY NY 10022, USA.

By the authors of Our Bodies, Ourselves, this self-help guide and exploration of the parenthood experience includes important sections on the role of the medical profession, in childbirth and in child health, as arbiters and shapers of parents' sense of confidence and competence.

"People's Health Centre"

ISIS International Bulletin, No. 8, 1978.
(see "Basic International Resource List")

Description of the Gonoshasthaya Kendra (People's Health Centre) in Bangladesh, which is run on self-help lines with a minimum of professionally trained doctors and nurses. Emphasizes the importance of the village midwives and a related women's vocational centre.

"Period Piece"
(see "Audio-visuals")

"Physiology of Women: Menstruation, Conception and Pregnancy"
(see "Audio-visuals")

"Political gynecology: gynecological imperialism and the politics of self-help"
(see "Control of Women by Medical Institutions")

"The power lies in the touch."
Carla Cassler. Healthright, (see "USA")
Vol. 5, No. 2, 1979.

Excellent introductory article describes history, principles and current U.S. popularity of massage. Includes points for relief of menstrual cramps and headaches.

"Premenstrual tension"
Leichhardt Women's Community Health Center (see "Australia"). 1978. Send self-addressed envelope plus small contribution.

Helpful flyer on how to deal with premenstrual tension.

"Prognosis: positive, the women's health movement, 1978: where we were, where we are, where we're going" (see "USA")

"Progress Report No. 6" (see "Bangladesh")

"Reclaiming reproductive control: a feminist approach to fertility consciousness"

Susan Bell et al. Science for the People, January/ February 1980. 897 Main Street, Cambridge, MA 02139, USA. English. \$1.25.

Describes the different methods of natural birth control, the historical and political background of the Ovulation Method, its use in Catholic Church-related programs, its use in women's self-help groups. Offers criteria for assessing natural birth control classes.

Self-Help Home Remedies

Chris Nelson. Chico Feminist Women's Health Center, 330 Flume St., Chico, CA 95926, USA. Revised, 1979. \$3.00.

Helpful guide to using herbal and other home remedies for a variety of women's health problems.

"Self-care: lay initiatives in health" (Book Review)

Norma Swenson. Social Science and Medicine, Pergamon Press, Journals Dept., Maxwell House, Fairview Park, Elmsford, NY 10523, USA. Also, Headington Hill Hall, Oxford OX3-0BW England. Vol. 12, pp. 183-188, May, 1978.

This review of the 1976 book by Lowell S. Levin, Alfred H. Katz, and Erik Holst critiques the development of professional experts on self-care, analyzing the role which the new self-care establishment will create for lay people within medicine. Clear distinctions are made between self-help and self-care, with particular attention to women, and women's needs.

"Self help movement"

Anne Raulin. ISIS Bulletin, No. 8, Summer, 1978. (see "General Resources").

English. ISIS Bulletin No. 12, Summer, 1979. Spanish. Translated from the original French.

Excellent history and overview of the women's health movement internationally, emphasizing the work of self-help groups. Includes mention of U.S., Canada, France, West Germany, and Italy, and touches on legal issues, sources of literature, contraceptive research etc. By one of the authors of Notre Corps, Nous Mêmes.

Self-Help: Resource Guide No. 7

National Women's Health Network (see "USA")

Guide reflects primarily the U.S. women's self-help health movement, includes philosophy, practical self-examination instructions, and critical history and politics. Menstrual extraction is described in detail, and its politics thoroughly discussed. Companion material on population control is also included. Illustrated, with bibliography and resources.

"Sondernummer gesundheit" (see "Switzerland")

"Taking on Goliath: an inside look at health planning"

Kathleen McDonnell, Health Sharing, Vol. 1 No. 2, Spring 1980. (see "Canada")

Interview with a public health nurse working with the Toronto Public Health Department about her successful challenge of proposed plans to "regionalize" maternal and newborn care on Toronto. Her strategy of going to the public and to the media in order to bring the decision-making process out from behind closed doors, and her awareness of the necessity for moral, emotional and political support throughout such a struggle provide a valuable lesson/model for us all.

"Taking Our Bodies Back: The Women's Health Movement" (see "Audio-visuals")

Tante Sjaan Blijft Gaan (Aunt Sjaan Goes On) (see "Netherlands")

"The use of herbal birth control among Indian women of North America" (see "Contraception")

Visita Ginecologica
(see "Control of Women")

"Vitamin A for heavy menstrual bleeding." From Prevention, Organic Park, Emmaus, PA 18049, USA. June, 1977.

A summary of a study in the South African Medical Journal (Feb. 12, 1977) showing that moderately high doses of Vitamin A may alleviate heavy menstrual bleeding, and in some cases prevent surgery or even hysterectomy. Links to the taking of oral contraceptives are explored as a possible cause in some cases.

"Verhütung" (see "Contraception")

Vrouwengezondheids centrum
(see "Netherlands")

Was erwartet uns beim Frauenarzt?
Christiane Bohm und Gisela Korflur, Frauenoffensive, Josephburgstrasse 16, 8 München 80, Bundesrepublik Deutschland (Federal Republic of Germany). 1976.

What to expect from a gynaecologist.
Basic body information.

Where There is No Doctor: A Village Health Care Handbook (Donde No Hay Doctor)

David Werner. The Hesperian Foundation, Box 1692, Palo Alto, CA 94302, USA. 1977 (revised from the Spanish edition). English and Spanish. Portuguese edition either recently completed or still in progress. \$5.00 plus postage. English edition also available from: TALC, Institute of Child Health, 30 Guilford St., London WC1N 1EH, England. Spanish edition also available from: Editorial Pax Mexico, Rep. Argentina 9, Mexico 1, D.F., Mexico.

Excellent handbook for rural use, covering a wide range of problems. Clear instructions on how to prepare or obtain home remedies. Well-illustrated.

"Women and migraines."

Lucy Goodison, et al. Spare Rib, (See Basic International Resource List), August, 1979. See also September issue.

Extract from a pamphlet Women and Migraines by the same group, the discussion format includes psychological and emotional factors, prevention and a variety of simple home remedies. For pamphlet, send 50p. to Lucy at 7 St. Mark's Rise, London E8, England.

Women's Health in Women's Hands
The Federation of Feminist Women's Health Centers, 6411 Hollywood Boulevard, Los Angeles, CA 90028, USA. Tel.: 213-469-4844. English.

The five-year compilation of U.S. women's self-help groups that have taken control of their own healthcare, through the creation of alternative centers, and through woman-controlled research on well-woman care. Personal experiences on all aspects of women's reproductive lives - menstruation, childbirth, abortion, menopause, etc. - are included. Includes extensive de-mystification of woman's health care and surgery, with many photographs and illustrations. Forthcoming, Fall, Winter, 1980.

"The women's health movement" (see "USA")

"A woman's herb: tang kwei"

Billie Potts. The Hot Flash, Women's Health Services, 316 E. Marcy St., Santa Fe, NM 87501, USA. \$5/yr. July, 1979.

Excellent herbalist's discussion of a little-known Chinese herb and her own experiences and research with its effects on the reproductive system. The author gives practical suggestions, would like to exchange information with others on tang kwei usage. Write to her at Box 151, Mt. Marion, NY 12456, USA.

"Higiene personal y prevención de las infecciones genitales"

La Mujer y su Lucha (see "Abortion:")

Trastornos del aparato genital (leucorrea). Recomendaciones de medidas higiénicas en la prevención de las enfermedades genitales.

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Recomendaciones de medidas higiénicas en
la prevención de las enfermedades
genitales.

ADDENDA

The Breast: A Health Guide for Women of All Ages (The Breast: Its Problems--Benign and Malignant--and How to Deal with Them.)
Oliver Cope. Houghton Mifflin Company, One Beacon St., Boston MA 02108. English \$3.95

Distinguished surgeon presents the history of how breast cancer treatment has been developed and changed over the past 50 years. Sources are drawn from the international medical literature, with a particular focus on radiation (which may permit women to retain their breasts.) Valuable de-mystification, useful advice from a doctor-patient viewpoint, primarily U.S. oriented.

Healing Yourself

Joy Gardner. Country Doctor Clinic, 402 15 Avenue East, Seattle, WA 98112, USA. 1976
\$2.00 plus postage. Bulk rates available.

Excellent guide to natural/herbal/nutritious remedies for many common ailments.

Herbal Remedies for Women

Feminist Health Works, 487-A Hudson St., N.Y., NY 10014, USA. \$3. Postpaid US.

Excellent beginning guide to the use of herbs for specific problems women experience. Includes sections on anemia, breast infections, cervicitis, chronic Pelvic Inflammatory Disease (PID), constipation, diarrhea, cystitis, emmenagogues, gonorrhea, herpes, hormone herbs, menopause, natural birth control, pregnancy, and more. Well-defined terms, clear instructions on how to prepare herbs, and U.S. addresses of places from which herbs may be purchased make this a most useful book.



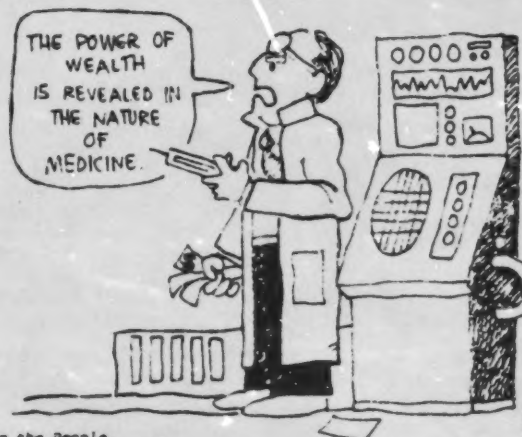
प्रकाशन : त्रिभुक्ती आवाज सपर समिती,
३७ प्रभात रोड, पुणे. ४

मृदण : नाथीदार प्रिन्टर्स, ४६१/२ महाविद्यालय, पुणे ४०.

--Maharashtra, India



By / San Apple Art

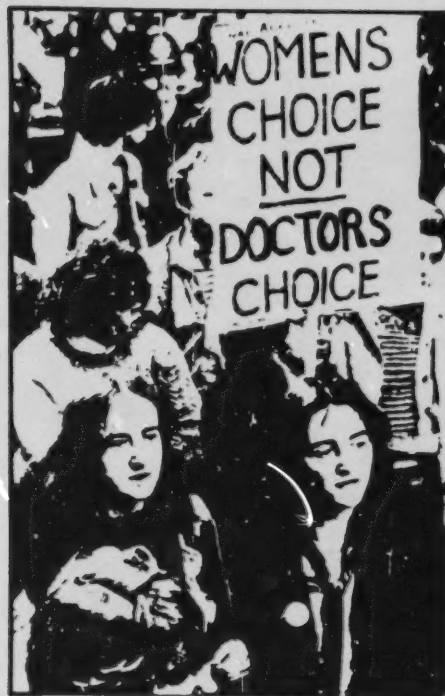


Science for the People,
USA

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Women of Vietnam



Newsfront International; USA



graphics from Bangalore India

10.
 AUDIO-VISUALES
 MATÉRIEL AUDIO-VISUEL
 AUDIOVISUELLE INFORMATIONSMITTEL
 MEZZI AUDIOVISUALI
 AUDIO-VISUALS

"Abortion"

Available from THE BOSTON WOMEN'S HEALTH BOOK COLLECTIVE (see "Resource Listings"). 1970. English. 30 minutes, 16 mm, B/W. Rental, \$15 to cover postage and handling inside U.S.

A classic summary of the relevant issues made by four amateur women film makers before abortion was legalized in the U.S. Sequences show the lives of several different women. The powerful concluding sections make the links between sterilization abuse and experimentation on Third World women with the lack of abortion services.

"Bottle Babies"

Peter Krieg. Teldok Films, Schillerstrasse 52, D-7800, Freiburg, Federal Republic of Germany. English, French, German, Spanish, and Japanese. 30 minutes, 16 mm, color. Also available from Infant Formula Program, Interfaith Council on Corporate Responsibility, 475 Riverside Drive, New York, NY 10027, USA. Write to either group for details on distribution in other countries. For information on Japan, write John Vinsko, Maryknoll House, 2-26-17 Tamagawa, Setagaya-Ku, Tokyo 158.

Documentary made in Kenya on the consequences of using commercially prepared formula, weaning foods and baby foods in the Third World. Clearly demonstrates the issues involved, particularly the increased risk of malnutrition, disease and death to the infants.

"The Chicago Maternity Center Story"

Kartemquin Films, 1901 West Wellington, Chicago IL 60657, USA. English. 60 minutes, 16 mm, B/W. Write for rental/purchase arrangements.

Documentary illustrates how a home birth service with an excellent record was eliminated by hospital administrators and academic physicians because it lost money and was not exciting to doctors. Includes

excellent sequences of the struggle of community women who wanted the services confronting male, corporate-style medical planners.

"Diet for a Small Planet"

Bullfrog Films, Inc., Box 114, Milford Square, PA 18935, U.S.A. English. 28 minutes, 16 mm, color. Rental: \$30; Purchase: \$325.

Featuring Frances Moore Lappé (author of the book, same name) and Ellen Buchman Ewald who discuss the need to reduce meat intake (and thus free more protein for the world's more needy people) and about how to obtain good quality protein from non-meat sources.

"Feeding Your Baby"

Voluntary Health Association of India, c.14 Community Centre, Safdarjung Development Area, New Delhi-110016, India. English and Hindi script. Rupees 16.00.

A set of 30 black and white slides useful for training all categories of health workers and mothers about correct child nutrition - how much food a child requires, how often a child needs to be fed, the result of undernutrition, and the beneficial effects of breastfeeding. (Information from VHAI catalogue.)

"Formula Factor"

California Newsreel, 630 Natoma St., San Francisco, CA 94103, USA. English. 30 minutes, 16 mm, color. Write for rental, purchase information.

A documentary by the Canadian Broadcasting Company on infant formula abuse in Jamaica. Good introductory film.

"Healthcaring from Our End of the Speculum"

Women Make Movies, 257 W. 19th St., New York, NY 10011, USA. 1977. English. 35 minutes, 16 mm, color. Write for ordering information.

Good introductory film about women's health issues in the U.S., including some interesting historical material.

"I Am Somebody"

Madeline Anderson. Available from AFL-CIO Films, 815 16th St., NW, Washington, DC 20006, USA. 1970. English. 28 minutes, 16 mm, color.

Documentary of the 113-day strike by Black women hospital workers in the South in 1969.

ICEA Film and Record Directory, 10th Edition

Available from ICEA Bookcenter, c/o ICEA, Box 20048, Minneapolis, MN 55420, USA. English.

The International Childbirth Education Association prepares an extensive, annotated listing of audiovisual resources, primarily U.S. based, on pregnancy, birth, breastfeeding and postpartum. Write for other, foreign language materials.

"Is Marriage a Health Hazard?"

Part of a documentary film series, Women. Available from: Deirdre McCartin, Film Documentary Unit, Television One, Box 30945, Avalon, Lower Hutt, New Zealand.

This focuses on depression among women and the use and abuse of drugs in treating women. It also presents alternative approaches to women's health and well-being. One of six films by an all-women crew.

MULTI-MEDIA RESOURCE CENTER (see "USA")

"A Notre Santé" (Our Health)

Dominique Barbier; Josiane Jouet; and Louise Vandelac. Available through Dominique, telephone Paris, France, 257-0771. Français, June, 1977.

Videotape presents issues in women's healthcare, including footage from the First International Women's Health Conference in Rome, Italy, June, 1977.

"Nursing: The Politics of Caring"

Ilex Films, Box 226, Cambridge, MA 02138, USA. 1977. English. 22 minutes, 16 mm,

color. Rental: \$35; purchase: \$350 (plus \$4.00 handling).

One of the few films about nursing which confronts honestly the issues facing the nurse in today's U.S. health empire. Exposes nurses' exploitation by hospitals, their domination by physicians, and other factors which prevent them from giving the care they would like to give. Both health-workers and consumers can benefit from the excellent presentation of basic health issues, and from the presentation of solutions on which both groups need to work together to improve the system.

"Period Piece"

Emily Culpepper. Insight Exchange, Box 42594, San Francisco, CA 94101, USA. English. 1976. 10 minutes, 16 mm, color. Rental: \$50. For purchase, information on lectures, workshops, write Emily at 3726 Lake Shore Ave., Oakland, CA 94610.

Explores myths and attitudes about menstruation, including experiences and images.

PHIL VANDERLINER CINEMIEN

Nieuwe Herengracht 95, Amsterdam, Netherlands.

Feminist collective distributes films and organizes film showings on a variety of women's issues, including health and violence.

"Physiology of Women: Menstruation, Conception, and Pregnancy"

TALC (see "England"); also VHAI (see "India"). English.

24 colour slides with script.

"La Realidad del Aborto"

Cine-Mujer, Apartado Aereo 2758, Bogota, Colombia, S.A. 1975. Español. 11 minutes. 75 transparencies.

Audio-visual producido por un grupo feminista de film, en que se describe la situación del aborto en Colombia: el alto porcentaje de abortos clandestinos con las consecuentes muertes, daños, infecciones y hospitalizaciones. Fue usado para presionar al Congreso para cambiar la ley del aborto en Colombia.

Slide-show produced by a feminist group shows the situation of abortion in Colombia. The high number of secret abortions, with the resulting deaths, injuries, infections and hospitalizations was a major threat to women's health. This slide-show was used to pressure the Congress to change Colombia's law on abortion.

"Regarde, Elle A Les Yeux Grand Ouverts" M.L.A.C. (see "France") d'Aix-en-Provence, 48 Place des Quarts d'Heure 13, Aix-en-Provence, France. Telephone: La Commune (16) 42-20 08 31.

Un film réalisé par La Commune, Les Cochonniers de M.L.A.C., le collective des Films "Grain de Sable," et "Yann Le Masson." Ce film décrit l'avortement, la contraception, de l'accouchement à la maison, et le refus de la dépendance médical.

"Sangre del Cóndor" ("Blood of the Condor") Español (English titles). Tricontinental Films, 333 Sixth Ave., New York, NY 10014, USA.

Un recuento dramático basado sobre hechos reales ocurridos en Bolivia en 1968 cuando fueron esterilizadas mujeres Quechuas.

A dramatized account based on actual events in Bolivia in 1968, when a U.S.-imposed population control program sterilized Quechua Indian women without their knowledge or consent.

"Structural Analysis of Health" Kahayag, 3-C Pag-asa St., Sta. Ana, Davao City, Philippines. 1978. English, Cebuano.

Slide show gives general analysis of the health structure in the Philippines and looks towards a new definition of health concerned with the whole well-being of people and their communities. It looks at alternatives to the present health care system, such as community-based health programs. Not specifically focused on women, it demonstrates the ways in which people in Third World countries are prevented from having access to the health care system, of which women and children are always the predominant users.

"Taking Our Bodies Back: The Women's Health Movement"

Cambridge Documentary Films, Box 385, Cambridge, MA 02139, USA. 1974. English. 33 minutes, 16 mm, color. Rental: \$39.00.

Classic series of vignettes on some of the major concerns of the woman's health movement in the U.S., such as homebirth, unnecessary surgery, treatment of non-whites, abortion, etc.

"Training of Traditional Birth Attendants" Voluntary Health Association of India (VHAI) (see "India"). English.

The set of 30 black and white slides is based on the training schemes of the Integrated Health Service Project at Miraj Medical Centre, Maharashtra. The slides show in detail how untrained traditional birth attendants are taught improved methods of delivery, are given training in recognizing and treating simple diseases, and are given special instruction on hygiene. (from VHAI catalogue)

"V.D. and Women"

Perennial Education, 477 Roger Williams, Box 855, Ravinia, Highland Park, IL 60035, USA. 1978. English. 17 minutes, 16 mm, color. \$26.00, rental. \$260.00, purchase.

An all-woman discussion of sexually transmitted diseases--syphilis, gonorrhea, and herpes--with special emphasis on their serious effects on women. Focus is good on prevention, and locating free clinics in U.S. cities.

"Woman-Controlled Abortion"

Feminist Women's Health Center, 6411 Hollywood Blvd., Los Angeles, Suite 204, CA 90028, USA. English. Write for ordering information.

Videotape, 30 min., black and white.

"The Woman in Your Life Is You"

Part of a documentary film series, Women. Available from: Deirdre McCartin. Film Documentary Unit, Television One, Box 30945, Avalon, Lower Hutt, New Zealand.

This focuses on women's sexuality. One of six films by an all-women crew.

"Women and Health/Mental Health"

Available from Northeast Micrographics,
c/o Barbara Baisley, 27 Palmerwoods
Circle, Branford, CT 06405, USA.
English. \$32 per reel.

There are fourteen reels in this broad
collection of women's health materials,
primarily U.S.-based, covering physical
and mental health and illness, black and
Third World women, aspects of the life
cycle, etc. Ideal for libraries.



H.O.M.E.: USA

"Working for Your Life"

Andrea Hricko and Ken Light, Directors.
Labor Occupational Health Program,
University of California Center for Labor
Research and Education, Institute of
Industrial Relations, 2521 Channing Way,
Berkeley, CA 94720, USA. English.
60 minutes, 16 mm., color. Purchase:
\$475.00. Rental: LOHP Films, Transit
Media, 779 Susquehanna Ave., Franklin
Lakes, NJ 07417, USA. \$65.00.

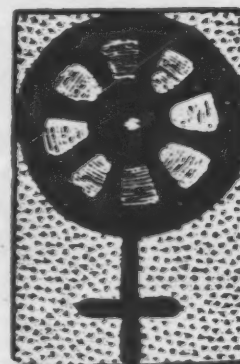
Scenes from over 35 different U.S. work-
places feature interviews with women
workers, focus on hazards they face, both
the risk of injury and potential reproduc-
tive effects. Illustrates the response
of employers to eliminate women rather
than improve the workplace for everyone.
Well-documented.



UN photo CPF



-cinemas

ICAR logo for the International
Day of Action, March 31, 1978

Women and Global Corporations

11.
 RECURSOS POR REGIÓN Y POR PAÍS
 LISTE PAR RÉGION/PAYS
 VERZEICHNIS NACH REGION UND LÄNDERN
 CATALOGHI PER REGIONI/NAZIONI
 LISTINGS BY REGION/COUNTRY

AFRICA

Groups

BREASTFEEDING INFORMATION GROUP
 P.O. Box 59436, Nairobi, Kenya.

Started in May 1978, this group carries out a variety of activities, including surveying infant feeding practices in hospitals, giving training courses for traditional midwives on breastfeeding, giving talks on the importance of breastfeeding to different students' and women's groups, counselling, discussions and publications. They have also produced posters and are building up a library and resource center. They are extending their activities to rural areas and produce their material in Swahili and other Kenyan languages.

MAENDELEO YA WANAWAKE ORGANISATION
 P.O. Box 44412, Nairobi, Kenya, E. Africa.

Oldest women's organization in Kenya (started in 1952), with well over 5,000 groups in the country as members. Objectives include: fighting illiteracy, teaching the most essential home economics, mothercraft, child care, nutrition, better methods of farming and handcraft.

MUVMAN LIBERATION FEM
 c/o Tabagie Capucines, Arcades Abassakoor
 Quatre-Bornes, Mauritius, Africa.

A feminist group campaigning for the legalization of abortion in Mauritius, as well as campaigning against rape. They ask for information from similar groups in other countries.

NATIONAL COUNCIL OF WOMEN OF KENYA (NCWK)
 P.O. Box 43741, Nairobi, Kenya, E. Africa.
 Tel.: 24634.

Founded in 1964, NCWK has served as the umbrella organization for Kenya's many women's organizations. Projects include: water, village sanitation, prevention of

infectious diseases, maternal and child health. Write for information on joining the Council as "friends" or members.

SWAPO WOMEN'S COUNCIL

c/o SWAPO (South West Africa People's Organization), Box 953, Luanda, Angola, Africa. Also, SWAPO WOMEN'S CAMPAIGN, 188 North Gower Street, London NW1 2NB, United Kingdom. Tel. 388-2080/89.

Namibian women's struggle is being supported by the London-based campaign, which is informing Western women of their oppression and strengthening the links between them and all women. Health conditions for women and children are discussed in a brief report available from the London office. The Council in Africa should be contacted at the Angola address.

Literature

Appropriate Technology for African Women
 (see "Food and Eating")

Clitoridectomy en het Recht op Onze Eigen Sexualiteit (see "Sexuality")

"Depo-provera and family planning in Botswana" (see "Contraception")

Famille et Developpement

BP 11007 CD Annexe, Dakar, Senegal, West Africa. Français. West Africa: 500-750 FCFA, all other countries: US \$10.00 or equivalent.

Quarterly African review of education (revue trimestrielle africaine d'éducation). French language magazine, well-produced, covers areas of food, agriculture, medicine, health, nutrition, sexuality, polygamy, abortion, contraception, environment, tourism. All these issues are dealt with from a (West) African perspective, setting them firmly within the socio-political context of that continent. It is one of the rare

"development" magazines where the importance of women in all these areas is taken for granted, and their particular oppression stressed.

"Female circumcision" (see "Sexuality")

"Genital mutilation: The hidden atrocity" (see "Sexuality")

"Genital mutilation: A statement from Africa" (see "Sexuality")

The Hosken Report: Genital & Sexual Mutilation of Females (see "Sexuality")

Kenya Woman

Special women and health issue. Vol. 1, No. 6, 1978. National Council of Women of Kenya, Box 43741, Nairobi, Kenya, E. Africa. Single issue: 12 shillings N. America and Japan, 8 sh. Europe and Asia, 5 sh. W. Africa, 4 sh. E. Africa. One year subscription: 10 sh.

Articles focus on family planning and maternal and child health. From the report of the Council's chairperson:

"We reiterate the fact that Kenya women want to plan their families. Let them do so with full knowledge of the dangers they face.

"We need urgently and sincerely to ask ourselves whether we would jeopardise the health of our nation in our effort to control 'the population explosion.'"

"Mujeres y Bueyes"

Lavinia Gasperini. In ISIS Boletín Internacional (see "Basic International Resource List"). Nr. 2, April 1980. Español.

This brief article describes the traditional view of Mozambican women as submissive sex objects and some of the customs, detrimental to women's health, used to inculcate these values in women. It also describes the efforts of the Organization of Mozambican Women (OMM) to combat these customs and to promote women's health.

Es un artículo breve que describe la visión tradicional de las mujeres de Mozambique en cuanto a su rol de mujeres

objetos y algunas costumbres. Trata el efecto negativo que estos valores producen en el plano de la salud. También describe los esfuerzos hechos por la Organización de Mujeres Mozambicanas (OMM) para combatir estas costumbres y promover el cuidado de la salud.

La Parole aux Négresses (see "Sexuality")

Seminar on Traditional Practices Affecting the Health of Women and Children in Africa (see "Sexuality")

Third World Women Speak Out (see "Contraception")

"Witches and midwives in Upper Volta" Barbara Rogers. Spare Rib, April 1978. (See "Basic International Resource List")

A short report on some health concerns of women in Africa, using the case of Upper Volta, one of the poorest countries in the world. Written after a trip to five African countries. See also, The Domestication of Women, by Barbara Rogers.

Women, Bread, and Babies: Directing Aid to Fifth World Farmers (see "Food and Eating")

Women, Food and Health in Tanzania: The Political Economy of Disease (see "Food and Eating")

"Women and health service in Morocco" (see "Control of Women")

"Women: their bodies and their health" (see "Pregnancy and Birth")

PACIFIC

AUSTRALIA

Groups

CONTROL

Room 3, 1st floor, Dymock's Bldg., 424 George St., Sydney 2000, Australia.

Collective of women which began as an

abortion referral service, now runs a clinic and works actively to reclaim women's control over women's health in an atmosphere encouraging self-help and consciousness-raising.

HOME BIRTH INFORMATION SERVICE
267 Trafalgar St., Annandale 2038,
Australia.

Group of parents and midwives whose purpose is to share current information and resources about homebirth as a valid alternative to hospital birth (in Australia). Newsletter Number One was published in March 1980.

LEICHHARDT WOMEN'S COMMUNITY HEALTH CENTRE
164 Flood St., Leichhardt, N.S.W., 2040,
Australia

Source of women's health literature and information about Australian health/medical system. Provides women's health services.

PARENT CENTRES AUSTRALIA
83 Albert Drive, Killara, 2071, Australia.

A non-profit voluntary organisation with membership across the country, offering specialised services of information and support to parents and health care professionals concerned with the child-bearing years. Also act as a consumer health pressure group interested in promoting the optimal care of the child-bearing couple and their children. They offer prenatal classes and literature, homebirth support and information, post-natal counselling, training courses, a film library, leaflets and a bi-monthly journal for all members.

TYPE II ASSOCIATION
P.O. Box 14, North Sydney, N.S.W., 2060,
Australia.

Offers literature on current research and treatment of genital herpes. Members of the Association share information and experiences about various ways to handle problems with herpes.

WOMEN'S HEALTH CARE HOUSE
92 Thomas St., West Perth, Australia.

Health resource (both information and services) for women in western Australia, a very isolated area.

WORKING WOMEN'S CENTRE
423 Little Collins St., Melbourne,
Australia. Tel. 673047.

Group set up in 1975 to work with women workers on different issues including occupational health. They produce discussion papers, and a multilingual newspaper, Women at Work, which has frequent articles on occupational health hazards for women.

Literature

"Abortion, our bodies--their power" (see "Abortion")

Rouge
P.O. Box 188, Wentworth Building, Sydney University, NSW 2006, Australia. English. Subscription, individuals: \$5.00 Australia, or \$7.00 overseas; institutions: \$10.00 Australia, or \$14.00 overseas.

Feminist monthly publication with frequent coverage of different women's health issues. Large tabloid format.

Sensible Women (see "Women as Paid and Unpaid Health Workers")

Sexuality (see "Sexuality")

Sibyl
Box 198, Nedlands 6009, W. Australia. English. \$3.00 for 4 issues (donations welcome).

Quarterly feminist newsletter with frequent practical articles on women and health, e.g., Vol. 5, Nos. 2 and 3, on vaginal infections.

Womanspeak
Box 103, Spit Junction 2088, Australia. English. 5 issues: \$4.00, 1 issue: 60¢.

Frequent coverage of women's health issues.

"Report on female circumcision in Indonesia" (see "Sexuality")

Women and Child Care in China: A Firsthand Report (see "Reproductive Issues--General")

"Women's health in China"

Lynda Birke. Spare Rib, July 1979. (See "Basic International Research List")

Reviews many aspects of women's health in China today. Based upon a trip to China in Spring 1978. See also, "The health of half of heaven."

BANGLADESH AND INDIA

Groups

ASIAN WOMEN'S INSTITUTE CENTRES FOR WOMEN'S STUDIES

c/o Lucknow Publishing House, 37 Cantonment Road, Lucknow, India. Tel. 44883.

The Centres are a collection of colleges where training in many areas is uniquely designed for women. Special projects on health include: nutrition courses in rural centres of Lucknow and Madras; health care clinics in Lucknow and Madras; paramedical training courses for village women in Lucknow.

FORUM AGAINST RAPE

13, Carol Mansion 3S, Seetladevi Temple Rd., Mahim - 400016, India.

A loose group of women formed to struggle against individual cases of rape, to work towards changing social opinion on the question of rape and attitudes towards women.

The Forum has organised marches against a rape-murder of a working woman in an industrial state as well as another rape of a 15-year-old girl. It has made songs, posters, plays on the issue.

GONOSHASTHAYA KENDRA

PO Nayarmat, District Dacca, Bangladesh.

Has produced many publications, some related to women's health (e.g., "How does waste and corruption defeat our family planning and health care system?" "Weighing the risks of hormonal contraceptives

used in Bangladesh," "Population control in Bangladesh").

INSTITUTE OF SOCIAL STUDIES

222 Jor Bagh, New Delhi 110003, India.

Has many resources, some available on health (e.g., "Women workers and family planning in the tea industry").

VOLUNTARY HEALTH ASSOCIATION OF INDIA (VHAI)

C-14 Community Centre, Safdarjung Development Area, New Delhi, 110016, India. Tel. 652007/652008.

Set up in September 1974, VHAI is a non-profit federation of state and regional voluntary health associations. Purpose is to assist in making health a reality for all the people of India, especially the millions of neglected rural people. Encourages involvement and participation through the voluntary health sector. Provides the following services: courses in health care administration; promotion of the teaching of community health in schools of nursing and midwifery and assistance in improving the technical aspects of auxiliary nurse education; seminars about community health on a national basis, and the promotion of the education of village-based community health volunteers; advisory services, information services from the VHAI data bank; liaison with Government services; publication and distribution of books, pamphlets, posters, flip charts and slides on health administration and community health for popular health education. The philosophy of VHAI includes: promotion of social justice, use of tax money for distribution of health services for all, and health services as a human right.

Literature

Abortion Law in India: Past and Present (see "Abortion")

"Abortion: The woman's plight and right" (see "Abortion")

Anaemia in Pregnancy (see "Pregnancy and Birth")

Baija ("Woman")

By a group of women in Bombay and Puna. Available from Sujata Kanhere, H-6 Sharda-shram Bhavani Shankar Rd., Dadar, Bombay - 400028, India. Subscription: 10 rupees/year of U.S. \$2.00/year.

A bi-monthly women's magazine in the Marathi language, brought out for activists working among women. It publishes articles as well as songs and plays written and played by women.

"Basic service delivery in 'underdeveloping' countries: A view from Gonoshasthaya Kendra"

Zafrullah Chowdhury. Gonoshasthaya Kendra (see below). 1977. English.

A clear analytic presentation of underdevelopment in rural areas, using Bangladesh as an example, covering education, rural cooperatives, women, poverty and disease, and health services. Goes on to describe the integrated approach to these problems, attempted by the Gonoshasthaya Kendra (People's Health Centre), describing successes and failures, but always contrasting these local efforts with large-scale sophisticated programmes instituted by government and foreign agencies. Excellent.

"Breastfeeding and the child" (see "Breastfeeding and Infant Feeding")

"Family planning in Bangladesh: Instrument of freedom or oppression?"

ISIS Bulletin, No. 7, Spring 1978. English. Taken from Progress Report No. 6, December 1977, Gonoshasthaya Kendra, Bangladesh.

Excerpts from a report of the work of the People's Health Centre on agriculture, food production, credit facilities for landless farmers, etc. The report also includes information on vocational training, especially the problems for women as they are linked to the problem of family planning. Complete information is given on their health work--primary care, insurance, training of paramedics, etc.

"Feeding Your Baby" (see "Audio-Visual")

"Fighting malnutrition with 'Hyderabad mix'" (see "Food and Eating")

"India--Being taken for a ride" (see "Population Control")

Manual for Child Nutrition in Rural India (see "Food and Eating")

Manushi ("Woman")

Cl/202 Lajpat Nagar I, New Delhi 110024, India. One year subscription: inland 1400 rupees for individuals, 28.00 rupees for institutions; foreign (air mail) U.S. \$15.00 for individuals, U.S. \$21.00 for institutions. Single issue: U.S. \$2.20. Send check or bank draft in the name of "Manushi Trust."

A collectively produced magazine, first appeared in January 1979. Provides a medium for women to "speak out," to analyze their situations, to "move towards a shared understanding." Manushi seeks to "bring women's organizations and activists in touch with each other" and plans to cover women's health issues on a regular basis.

Medico Friend Circle Bulletin

Editorial address: Kamala Jaya Rao, c/o National Institute of Nutrition, Po. Jamai Osmania, Hyderabad, 500007, India. Subscription address: c/o Anant Phadke, 50 LIC Quarters, PUNE - 16. pin 411016, India. One year subscription: 10 rupees, inland; all foreign countries (sea mail), US \$3.00; Europe and Africa (air mail), US \$7.00; USA and Canada (air mail), US \$9.00; Asia (air mail), US \$4.00.

Monthly. Provides radical critique of health services and health policies in India, always recognizing the importance of socio-economic factors. Readers use the Bulletin as a forum, engaging in dialogues about such issues as community health workers, alternative models of primary health care services, and alternative models of medical education.

Mother to Mother (see "Pregnancy and Birth")

Newsletter of India Population Project (see "Population Control")

"People's health center" (see "Self-Help and Healing Ourselves")

"Physiology of Women: Menstruation, Conception, and Pregnancy" (see "Audio-Visuals")

"Population control in Bangladesh" (see "Population Control")

Posters (see "Food and Eating")

"Progress report No. 6"
Gonoshasthaya Kendra, P.O. Nayarmat, District Dacca, Bangladesh. December 1977.

A clear and interesting account of a community health centre involved in, for example, helping small farmers to obtain reasonable credit, training paramedics and training women to do carpentry, plumbing and electrical work (because the men immigrate to the Middle East for employment). The report puts all these efforts into a critical social political analysis (e.g., why small farmers find it harder and harder to get loans, and why UNICEF et al. are pushing female sterilization) which makes the document interesting and valuable.

"Report on legal aspects of population planning in Bangladesh" (see "Population Control")

"Research: A method of colonization" (see "Population Control")

"Training of Traditional Birth Attendants" (see "Audio-Visuals")

The Village Health Promoters of Raigarh-Ambikapur in Madhya Pradesh, India
(see "Women as Paid and Unpaid Workers")

"Who is malnourished: Mother or the woman?" (see "Food and Eating")

LATIN AMERICA

Groups

ACCION PARA LA LIBERACION DE LA MUJER PERUANA (ALIMUPER)
Apartado 2211, Lima 100, Peru.

Grupo feminista que lucha por una sociedad imbuida de valores igualitarios, donde no existe tan jerarquías ni privilegios tanto en las esferas de la vida privada como pública, de acuerdo con postulados del Feminismo Socialista. Publican el boletín Acción.

Feminist group which fights for a society imbued with egalitarian values, where neither hierarchies nor privileges exist in private as well as public spheres of life, in accord with the principles of Socialist Feminism. Publishes the bulletin Acción.

CINE-MUJER

Apartado Aéreo 2758, Bogotá, Colombia.

Una organización sin ánimo de lucro cuyos objetivos son la producción y distribución de películas, audiovisuales y otros materiales informativos y educativos que tienen que ver con la condición de la mujer en Colombia y en Latin America.

Han producido una película corta "A Primera Vista," y un audio-visual sobre el aborto y sus implicaciones, "La Realidad del Aborto."

A non-profit public service organization whose objective is the production and distribution of films, audio-visuals and other informative or educational materials dealing with the condition and status of women in Colombia and Latin America.

They have produced a short film called "At First Sight," also an audio-visual on abortion, "La Realidad del Aborto."

COLETIVO DAS MULHERES DO RIO DE JANEIRO
Sra Teles. Caixa Postal 33114, Rio de Janeiro, Brasil, S.A. Adereco alternativo (alternative address): c/o Ligia Rodrigues, Rua Jose Linhares 215/204, 22430 Rio de Janeiro, Brasil.

Fundado em março de 1979 com alguns grupos de discussão e alguns grupos de trabalho (p.ex., o grupo de mulheres e violência, que é muito ativo). Em outubro de 1979 um grupo (a/c Ligia Rodrigues) começou a trabalhar sobre sexualidade e aborto e escreveu um folheto sobre métodos anticoncepcionais e aborto, com toda a informação técnica considerada essencial para as mulheres brasileiras. Como o próprio aborto, qualquer informação sobre o aborto é proibida. Em janeiro de 1980 o Coletivo organizou uma manifestação de solidariedade a duas mulheres presas por se terem submetido a um aborto. Isso lançou a "campanha do aborto" no Brasil.

Started in March 1979 with some discussion groups and some working groups (e.g., women and violence group which is quite active). In October 1979 a group (c/o Ligia Rodrigues) started working on sexuality and abortion and made a brochure on contraceptive methods and abortion, with all the technical information thought essential for Brazilian women. Like abortion itself, any information on abortion is forbidden. In January 1980 the Coletivo organized a demonstration and solidarity action for two women arrested for having abortions. This launched the "abortion campaign" in Brazil.

COMUNICACION INTERCAMBIO Y DESAROLLO HUMANO EN AMERICA LATINA (CIDHAL)
Apartado 579, Cuernavaca (Morelos), Mexico.

Documentation center offers resources on a wide variety of women's issues, open for study several hours each week (write ahead for times). Also has information on a range of community education projects: literacy, health, food, etc. Publishes simple illustrated booklets in Spanish on several women's health issues: Menopausia, and ¿Qué Comemos Los Mexicanos? (on food and nutrition). Also available, a basic statement of the group about the condition of women in Mexico and Latin America: Carpeta básica sobre la mujer. Forthcoming is a booklet on ¿Qué es La Sexualidad?

CORPORACIÓN MUJER Y FAMILIA
Apartado Aereo 36151, or Cl.28 No. 6-02, Bogotá, Colombia.

La Corporación es una entidad sin ánimo de lucro fundada por algunas de los miembros del grupo Mujeres en la Lucha como respuesta a algunas de las experiencias vividas en el grupo. La institución incorpora como fundadores otras personas involucradas en la cuestión de la mujer y la familia. El grupo piensa que las feministas deben tomar control sobre la clase de investigaciones que se hacen sobre la mujer y espera que su ejemplo sea seguido por otras mujeres del Tercer Mundo. Los principales objetivos del grupo son: 1) hacer investigación-acción sobre la mujer y la familia como estructura en la cual la mujer es socializada y la cual juega un papel importante en perpetuar el papel inferior de la mujer en la sociedad. 2) Servir como grupo intermediario como forma de que pequeños grupos de mujeres puedan obtener acceso a apoyo financiero que de otro modo sería imposible de obtener. 3) Producir cualquiera tipo de material que ayude a difundir información sobre la mujer y sus problemas. La Corporación esta tratando de conseguir financiación para cinco proyectos diferentes relacionados con comunicaciones, salud y educación.

A non-profit organization founded by some members of the group "Mujeres en la Lucha" along with other persons interested in women's issues. The group feels very strongly that feminists should try to gain control over the kind of research done on women, and they hope to set an example to women from the dominated Third World to try to do the same. The main objectives of the group are: 1) To do research and action programs related to women and family relations and the role they play in perpetuating women's inferiority in Latin American society. 2) To serve as an intermediary group to small non-formal women's groups so that they have access to sources of funding. 3) To disseminate any information concerning women's problems. The Corporation is currently fund raising for five different projects related to health, communication and education.

MUJERES EN LA LUCHA
Apartado Aereo 52206, Bogotá, Colombia, L.A.

Uno de los primeros grupos feministas en Colombia. Su tarea fundamental ha sido el debate interno, el compartir experiencias a todos los niveles y la confrontación con otros grupos en Bogotá. En la actualidad el grupo trabaja con mujeres campesinas como una forma de extender su experiencia. Se dedican también a producir material visual simple sobre educación sexual y salud. Algunas de sus miembros fundaron la "Corporación mujer y familia" como respuesta a la necesidad de responder a múltiples preguntas planteadas a través de interminables discusiones.

One of the first feminist groups in Colombia. Their main task has been internal discussion, sharing of common experiences and the confrontation with the growing number of new groups in Bogotá. Currently the group is working with peasant women as a way of extending its own experience. They are producing very simple visual material on sex education and health. Some of the members recently incorporated in "Corporación mujer y familia" as a response to questions about research done on Latin American women.

GRUPO LA CONJURA

Apartado 16361, Coliseo, Caracas 101, Venezuela, S.A.

El Grupo La Conjura comenzó sus actividades con la publicación de un "Boletín Lunático" llamado "Una Mujer Cualquiera." Los objetivos del grupo son difundir ideas, planteamientos, polémicas, por diferentes medios. Igualmente apoyar todas las actividades que tiendan a mejorar la condición de la mujer venezolana.

The group started working in 1978 with the publication of a "Lunatic Bulletin" named "Una Mujer Cualquiera" (An Ordinary Woman.) The objectives of the group are to disseminate ideas through different means. It also supports any activities leading to improve women's situation in Venezuela.

TALLER SALUD

Apartado 8464, Estación Fdez. Juncos, San-turce, Puerto Rico 00910.

Women's health group involved in various community health education projects for

women. Preparing women's health literature in Spanish.

Literature

"Abortion rights in Chile" (see "Abortion")

Acción (see "Reproductive Issues--General")

Alternativas - Salud (see "Control of Women by Medical Institutions")

Bebes de Biberón (see "Breastfeeding and Infant Feeding")

"Blood of the Condor" (see "Audio-Visual")

"Chile: Privatización de la Salud" (see "Self-Help and Healing Ourselves")

Comissão Contracepção e Aborto (see "Contraception")

Donde No Hay Doctor (see "Self-Help and Healing Ourselves")

"Hab'emos del aborto" (see "Abortion")

"Latin America: Control of reproduction" (see "Population Control")

Manifestaciones en torno al Aborto Fem (see "Abortion")

Mujer y Desarrollo (see "Self-Help and Healing Ourselves")

Population Target: The Political Economy of Population Control in Latin America (see "Population Control")

¿Qué Comemos los Mexicanos? (see "Food and Eating")

¿Quiénes Controlan el Control de la "Natalidad"? (see "Population Control")

"La Realidad del Aborto" (see "Audio-Visuals")

"Sex education and population policies in Brazil" (see "Population Control")

"Sexo" (see "Sexuality")

Third World Women Speak Out (see "Contraception")

MIDDLE EAST

Groups

ISRAEL FEMINIST MOVEMENT
Box 33041, Tel Aviv, Israel.

Source of information on abortion situation in Israel, possibly other health issues as well.

Literature

The Hidden Face of Eve: Women in the Arab World (see "Sexuality")

"Indigenous midwives in Lebanon" (see "Women as Paid and Unpaid Health Workers")

"Sexuality and birth control decisions among Lebanese couples" (see "Contraception")

"Women and health"

Al-raida, Vol. III, No. 2, February 1980. Institute for Women's Studies in the Arab World, P.O. Box 11-4080, Beirut University College, Beirut, Lebanon. English. US \$10.00/year.

This special issue of Al-raida concentrates almost entirely on "family planning," stating in the introduction: "If the United Nations have lately been emphasizing the need for an evolution in women's role and for their wider participation in national development, it is in the all-important field of family planning that the need is most felt. Only proper knowledge and practice of family planning can allow women enough time and energy for work and achievement outside their homes and for an adequate participation in national development."

NORTH AMERICA

UNITED STATES

Groups

AMERICAN COLLEGE OF NURSE-MIDWIVES
1012 14th St., NW, Suite 801, Washington, DC 20005, USA, Tel (202) 347-5445.

The national organization of nurse-midwives, representing about 80% of the 2000 nurse-midwives in the USA. The College accredits nurse-midwifery training programs and administers certification exams for nurse-midwives. More and more women are seeking nurse-midwifery care. At the same time, harassment of nurse-midwives by obstetrician/gynecologists has increased. Proposals for restrictive legislation and regulation of nurse-midwives as well as the need for more positive legislation has caused the College to hire a lobbyist (1980) and to develop stronger ties with consumer groups supportive of nurse-midwifery.

CENTER FOR MEDICAL CONSUMERS AND HEALTH CARE INFORMATION
237 Thompson St., New York, NY 10012, USA.

Publishes good general bimonthly newsletter, in English. Back issues available on breast cancer, X-rays, drugs, dental care, etc. Single issues: \$1.50. Subscription: \$5.00/year.

CENTER FOR SCIENCE IN THE PUBLIC INTEREST
1757 S St., NW, Washington, DC 20009 USA.

Offers excellent resources, including posters on food and nutrition. Publishes monthly, Nutrition Action (\$12.00/yr.). Send for literature list, posters.

COALITION FOR THE MEDICAL RIGHTS OF WOMEN
3543 18th St., San Francisco, CA 94110, USA. Tel. (415) 621-8030.

Important USA women's health advocacy and information resource. Publishes Coalition News, monthly newsletter. Send for literature list (includes materials on DES, the morning-after pill, genetic screening, Caesarean section, birth control pill, etc.).

COMMITTEE FOR ABORTION RIGHTS AND AGAINST STERILIZATION ABUSE (see "Addendum")

COMMITTEE TO END STERILIZATION ABUSE
(CESA)

Box A244, Cooper Station, New York, NY
10003, USA.

National group with numerous local chapters working to halt the practice of sterilization abuse. Monitors hospitals, works on legislation.

DO IT NOW FOUNDATION

Box 5115, Phoenix, AZ 85010, USA.

An excellent international resource for substance abuse information (prescription and non-prescription drugs, smoking, alcohol, etc.). Send for free literature catalog, including items of special concern to women, some in Spanish as well as English.

EMMA GOLDMAN CLINIC FOR WOMEN

715 North Dodge, Iowa City, Iowa 52240,
USA

One of the U.S.'s oldest, most experienced women's health centers, provides complete well-woman care and abortion services. Also a major center in the fitting of cervical caps. The center offers literature and menstrual sponges by mail. Send to: Women's Health Project at above address. Menstrual sponges, \$1.25 to \$1.50.

FEMINIST RESOURCES ON ENERGY AND ECOLOGY
(FREE)

Box 6098 Teall Station, Syracuse, NY
13217, USA.

Feminist ecology organization which provides information, materials, speakers, and skill-sharing "dedicated to addressing women's concerns from an ecological perspective and providing information on energy, technology, politics and the environment from a feminist viewpoint."

FEMINIST WOMEN'S HEALTH CENTER

6411 Hollywood Blvd., Los Angeles, CA
90028, USA.

Good resource for organizing information and teaching materials basic to the movement and philosophy of self-help. Center has strong interest in outreach to women in other countries. Literature list available.

HEALTH POLICY ADVISORY CENTER (HEALTH/PAC)
17 Murray St., New York, NY 10007, USA.

This group continues to study health issues from a radical perspective; sometimes has good material on women's health. Through a variety of publications (bulletins, pamphlets) and books such as The American Health Empire and Prognosis: Negative, written by member authors, they disseminate important original analyses of the US system.

INFANT FORMULA ACTION COALITION (INFACT)
1701 University Ave., S.E., Minneapolis,
MN 55414, USA.

A non-profit organization of nutritionists, educators, church representatives and concerned citizens set up in 1977 to coordinate national actions and information on the baby foods issue. It has been the central group in coordinating a nationwide boycott of Nestlé products (which still continues in 1980), and carries out research into many aspects of the marketing of infant formula worldwide and the decline of breastfeeding. Produces a quarterly newspaper giving information about current campaigns, both national and international, and topical articles. (See particularly, "Sexism and Infant Formula" by Robin Jurs and Jean Rice, INFACT Newsletter, Winter 1978, which looks at the myth that bottle feeding liberates women; and a monthly INFACT Update with news on consumer actions, what companies are doing, results of studies and action in the Third World. (Subscription \$10.00/yr.)

They also publish many pamphlets, reproductions of articles and statements. With ICCR, the best source of information on the whole issue, including addresses of action groups in different countries.

INTERFAITH CENTER ON CORPORATE RESPONSIBILITY (ICCR) - INFANT FORMULA PROGRAM
475 Riverside Dr., New York, NY 10027,
USA.

An ecumenical agency helping consumer and church groups to challenge the activities of large American companies. ICCR has been criticizing the promotion of infant formulas by American-based multinational

corporations for over five years. In 1977 ICCR joined with the Infant Formula Action Coalition (listed elsewhere in this section) to organize a boycott of Nestlé products. ICCR has filed shareholder resolutions with American corporations, supported legislation aimed at improving maternal and child health by curbing promotion, and is currently investigating the "bottle baby" problem within select low-income communities in the USA. The Infant Formula Program of ICCR now has extensive documentation on the issue worldwide, and frequently publishes important analyses and news in the ICCR monthly publication, The Corporate Examiner, and its insert, ICCR Brief (price: 1-10 copies, 60¢ each).

INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN)

Current coordinating point (1980): Doug Clements, 1701 University Ave., S.E., Minneapolis, MN 55414, USA.

A network of groups active in some way on the baby foods issue. Produces regular information packets on current actions for the use of groups.

LA LECHE LEAGUE INTERNATIONAL
9616 Minneapolis Ave., Franklin Park, IL 60131, USA.

USA women who have developed a practical group and leader model for breastfeeding information and support. Offers numerous publications in 17 languages and in braille. Cassette tapes available as well. See also, The Womanly Art of Breastfeeding. Write for chapter and individual contacts in countries around the world.

MATERNITY CENTER ASSOCIATION
48 East 92nd St., New York, NY 10028, USA.

The USA's oldest private organization concerned with maternity care has developed major innovations in each decade: prenatal care, nurse midwifery, father involvement, parents' classes, teaching materials, and most recently, the free-standing, out-of-hospital birth center. A major force for improved childbirth policy in the U.S. Write for teaching materials catalogue.

MOTHERS FOR PEACE

c/o Raye Fleming, 1746 Chorro St., San Luis Obispo, CA 93401, USA.

Concerned with the broad issues of peace--disarmament, amnesty, and meeting human needs--Mothers for Peace has worked since 1972 against nuclear energy and nuclear weaponry and on behalf of energy alternatives (conservation, solar power, etc.). Active members are almost all mothers, but the group's name is not intended to be exclusionary (men and women who are not mothers do work on MFP projects).

MULTI-MEDIA RESOURCE CENTER

1525 Franklin St., San Francisco, CA 94108, USA.

Send for annotated bibliography on human sexuality (in English), including literature, films, and other resources. Good source for sex-education and sex-therapy films, many with a particular focus (e.g., older persons, disabled persons, homosexuals, etc.). One--short, useful book on female sexuality and masturbation: Getting in Touch: Self-Sexuality for Women, by Carolyn Smith et al., 1972.

NATIONAL CLEARINGHOUSE FOR FAMILY PLANNING INFORMATION

Box 2225, Rockville, MD 20852, USA. Send for literature list. Includes English and Spanish publications.

Offers wide range of literature on contraception and sterilization, some quite useful, some not very good. Not clear how much would be sent free outside of US, but probably some requests would be honored.

NATIONAL MIDWIVES ASSOCIATION

Box 162, Princeton, NJ 08540, USA.
Tel. (609) 799-1942.

NATIONAL WOMEN'S HEALTH NETWORK

224 Seventh St., SE, Washington, DC 20003, USA, Tel. (202) 543-9222.

The only national membership organization devoted exclusively to women and health, with a focus on Federal policy. The "umbrella" of the U.S. women's health movement. Group and individual members receive Network News, timely "Newsalerts"

about issues requiring immediate action, and access to the Network's clearinghouse which has published nine Health Resource Guides on: Breast Cancer (No. 1); Hysterectomy (No. 2); Menopause (No. 3); Maternal Health and Childbirth (No. 4); Birth Control (No. 5); DES (No. 6); Self-Help (No. 7); Abortion (No. 8); Sterilization (No. 9). Each guide offers articles which give an overview/analysis of the problem, and usually include some personal experience and/or practical insight on coping with it. As a supplement, each subject has its own bibliography, list of resource persons or groups to contact, and audio-visual materials as available. At the end of every Guide is a comprehensive listing of U.S. women's health groups and other useful resources. Cost: \$4.00, members; \$5.00, non-members. Set of nine: \$30.00, members; \$36.00, non-members. Network membership: \$25.00, regular; \$12-\$24, low-income or unemployed; \$35.00, women's health or consumer group; \$50.00, business or institution; \$100, sponsor. The Network has presented testimony on many issues and is preparing papers on others. Write for details.

OLDER WOMEN'S LEAGUE (O.W.L.) EDUCATIONAL FUND
3800 Harrison St., Oakland, CA 94611, USA.

Group is researching and writing on many issues affecting older women, puts out a series of papers called Gray Papers, Issues for Action. A special health committee is working on these issues, particularly as they affect women 40-65. They welcome ideas and suggestions.

RESOLVE
Box 474, Belmont, MA 02178, USA. Tel. (617) 484-2424.

Literature and resources on infertility, artificial insemination, and research into these and related issues. Send for literature list and sample copy of Resolve Newsletter (monthly).

SANTA CRUZ WOMEN'S HEALTH COLLECTIVE
250 Locust St., Santa Cruz, CA 95060, USA. Tel. (408) 427-3500.

Valuable source of women's health literature (some listed elsewhere in this Guide).

Send for their literature list and copy of their monthly newsletter. Include contribution to cover mailing costs.

UNION WOMEN'S ALLIANCE TO GAIN EQUALITY (UNION WAGE)
P.O. Box 40904, Berkeley, CA 94701, USA.

A California based "non-profit, politically non-partisan organization of working women, including housewives, those unemployed, retired and on welfare, fighting discrimination on the job, in unions and in society." It is dedicated to achieving equal rights, equal pay and equal opportunities for women workers. In addition to holding meetings and airing a radio show in California, Union WAGE has several publications on women workers, including a bi-monthly newspaper which sometimes carries important articles on women and hazards at the work place. Issues No. 56 and 57 (November-December 1979 and January-February 1980) in particular have excellent articles on different kinds of health hazards at work, injury compensation and women in the health industry.

WOMAN AND GLOBAL CORPORATIONS, A PROJECT OF NATIONWIDE WOMEN'S PROGRAM OF THE AMERICAN FRIENDS SERVICE COMMITTEE
1501 Cherry St., Philadelphia, PA 19102, USA.

This group's project "Women and Global Corporations" is investigating the relationship, in all its aspects, of multinational corporations and the women who are employed by them as well as the women who are the consumer targets of their advertising and products. While not specifically focused on health, their publication, Women and Global Corporations: Work, Roles, and Resistance, contains important background information on the drug and medical device industries, as well as many major food producers. Printed as part of the proceedings of a conference in Des Moines, Iowa, October 6-8, 1978. English.

WOMEN FOR ENVIRONMENTAL HEALTH
1747 Connecticut Ave., NW, Washington, DC 20009, USA.

Feminist organization seeking to influence the energy and environmental policies which affect the health and well-being of all. They are part of the Feminist Anti-Nuclear Task Force formed in response to the Three Mile Island disaster near Harrisburg, Pennsylvania. Send for their position paper, "Nuclear power is a feminist issue."

WOMEN OF ALL RED NATIONS (WARN)
c/o St. Paul Urban Indian Health Board Clinic, 643 Virginia St., St. Paul, MN 55103, USA.

A group of Native American women working on issues of human survival for all people on earth have documentation on damages caused by mining, agricultural and social service practices in several areas of the US. For good ongoing information on sterilization abuse and other concerns of Native American women, contact WARN, c/o Phyllis Reyna, P.O. Box 69, Ft. Yates, ND 58538, USA.

WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER
School of Public Health, Columbia U., 60 Haven Ave., B-1, New York, NY 10032, USA.

Good general resource for literature on many aspects of women and occupational health including the hazards of housework. Send for publications list.

Literature

"Abortion" (see "Audio-Visuals")

Abortion: Resource Guide No. 8 (see "Abortion")

"Abortion rights: Critical issue for women's freedom" (see "Abortion")

Abortion Surveillance: Annual Summary, 1977 (see "Abortion")

The American Health Empire
Barbara and John Ehrenreich. Health/PAC book. Random House, 201 E. 50th St., New York, NY 10022, USA. 1970.

Classic analysis of transformation of

American medicine into university-based, industrial-medical-complex.

An Analysis of Human Sexual Response (see "Sexuality")

Birth Control and Controlling Birth: Women's Perspectives (Vol. I) and The Custom-Made Child? Women's Perspectives (Vol. II) (see "Reproductive Issues")

Birth-Control: Resource Guide No. 5 (see "Contraception")

"Breastfeeding and social class mobility: The case of Mexican migrant mothers" (see "Breastfeeding and Infant Feeding")

Carasa News (see "Reproductive Issues--General")

Cervical Cap Information Packet (see "Contraception")

"The Chicago Maternity Center Story" (see "Audio-Visuals")

"Chrysalis reviews abortion as politics and experience" (see "Abortion")

"A critical look at the drug industry: How profit distorts medicine" (see "Drugs and Drug Companies")

Coal Mining Women's Support Team News! (see "Women and Occupational Health")

"Collective work and self-identity: The effect of working in a feminist illegal abortion collective" (see "Abortion")

The Coming Out Stories (see "Sexuality")

Commonsense Childbirth (see "Pregnancy and Birth")

"Contraceptive research" (see "Population Control")

The Cultural Crisis of Modern Medicine
John Ehrenreich, Ed., Monthly Review Press, 62 W. 14th St., New York, NY 10011, USA. 1978. English. \$15.00.
47 Red Lion St., London WC1R 4PF, England. £ 8.85.

Excellent anthology of analytical and historical articles discussing: (I) The Social Functions of Medicine; (II) Medicine and Women: A Case Study in Social Control; (III) Medicine and Imperialism. General framework questions medicine's role as exclusively derivative of economic and political structures, and argues that it has a strong shaping influence on a broad range of fundamental values and human experiences, at least in the West.

DES (Diethylstilbestrol): Resource Guide No. 6 (see "Drugs and Drug Companies")

DES Task Force Summary Report (see "Drugs and Drug Companies")

Doctors Wanted: No Women Need Apply: Sexual Barriers in the Medical Profession 1835-1975 (see "Women as Paid and Unpaid Health Workers")

An Evaluation of Cesarean Section in the United States (see "Pregnancy and Birth")

"The false promise: Professionalism in nursing" (see "Women as Paid and Unpaid Health Workers")

Feeding Ourselves (see "Food and Eating")

The Feminine Mystique (see "Sexuality")

For Her Own Good (see "Control of Women by Medical Institutions")

Free and Female (see "Sexuality")

"A funny thing happened on the way to the orifice: A study of women in gynecology textbooks" (see "Control of Women by Medical Institutions")

Getting Stronger: Women Workers Organize the Abortion Clinics (see "Women as Paid and Unpaid Health Workers")

Gyn-Ecology: The Metaethics of Radical Feminism (see "Control of Women by Medical Institutions")

"Healthcaring from Our End of the Speculum" (see "Audio-Visuals")

The Health Consequences of Smoking for Women (see "Drugs and Drug Companies")

The Hidden Malpractice (see "Control of Women by Medical Institutions")

The Hite Report (see "Sexuality")

The Hot Flash

Women's Health Services, 316 East Marcy St., Santa Fe, NM 87501, USA. English. Individuals \$5.00/yr. Institutions \$10.00/yr.

Excellent monthly published by a women-controlled health center. Frequent articles about herbs, massage, and non-allopathic approaches to healing, as well as abortion and contraception updates. Includes occasional pieces on international issues.

Hysterectomy: Resource Guide No. 2 (see "Self-Help and Healing Ourselves")

"I Am Somebody" (see "Audio-Visuals")

ICEA Film Directory (see "Audio-Visuals")

If You've Thought about Breast Cancer (see "Self-Help and Healing Ourselves")

Liberating Masturbation: A Meditation on Self-Love (see "Sexuality")

"Menopause" (see "Menopause and Aging")

Menopause: A Positive Approach (see "Menopause and Aging")

Menopause: Resource Guide No. 3 (see "Menopause and Aging")

Men Who Control Women's Health (see "Control of Women by Medical Institutions")

More than a Choice: Women Talk about Abortion (see "Abortion")

A New View of a Woman's Body (see "Self-Help and Healing Ourselves")

"Nursing: The Politics of Caring" (see "Audio-Visuals")

"Older women and health care: Strategy for survival" (see "Menopause and Aging")

Our Right to Love - A Lesbian Resource Book (see "Sexuality")

Ourselves and Our Children (see "Self-Help and Healing Ourselves")

Over 50 Handbook for Safe Medicine Use (see "Drugs and Drug Companies")

The Ovulation Method Newsletter (see "Contraception")

A Part of Our Lives (see "Contraception")

"Political gynecology: Gynecological imperialism and the politics of self-help" (see "Control of Women by Medical Institutions")

The Practicing Midwife (see "Pregnancy and Birth")

The Pregnancy - After 30 - Workbook (see "Pregnancy and Birth")

"Prognosis: Positive, the women's health movement, 1978: Where we were, where we are, where we're going" Healthright, Vol. 4, No. 1, Winter 1978. English. \$1.50 for whole issue. (See "Basic International Resource List")

Excellent summary and analysis of the U.S. women's health movement from a socialist-feminist perspective--history, achievements, strengths and problems.

"Reclaiming reproductive control: A feminist approach to fertility consciousness" (see "Self-Help and Healing Ourselves")

Science for the People
89 Main St., Cambridge, MA 02139, USA,
English. \$7.00/yr.

Radical bimonthly journal which examines politics of science. Frequently offers original analyses of women's health issues (by women).

"Second-trimester abortion in the United States" (see "Abortion")

"Seizing the means of reproduction: An illegal feminist abortion collective - How and why it worked" (see "Abortion")

Self-Help: Resource Guide No. 7 (see "Self-Help and Healing Ourselves")

"Sex, family, and the new right: Anti-feminism as a political force" (see "Reproductive Issues - General")

"Taking Our Bodies Back: The Women's Health Movement" (see "Audio-Visuals")

Uncharted Territory: Issues and Concerns of Women over 40 (see "Menopause and Aging")

"V.D. and Women" (see "Audio-Visuals")

What Now? Under 18 and Pregnant (see "Pregnancy and Birth")

Why Would a Girl Go into Medicine? (see "Women as Paid and Unpaid Workers")

"Woman-Controlled Abortion" (see "Audio-Visuals")

Woman's Body, Woman's Right - A History of Birth Control in America (see "Contraception")

Women and Health
Box 33790, Seattle, WA 98133, USA (editorial address). The Haworth Press, 149 Fifth Ave., New York, NY 10010, USA (subscription address). English. Subscription: \$24.00/year.

Bimonthly academic journal with primarily USA articles on all aspects of women's health.

"Women and Health/Mental Health" (see "Audio-Visuals")

Women and the Crisis in Sex Hormones (see "Reproductive Issues - General")

Women Wise
New Hampshire Feminist Health Center,
38 South Main St., Concord, NH 03301, USA.
Quarterly. English. \$5/year.

Excellent women's health publication. Covers wide variety of topics, including food and eating, alternative healing practices, politics of women's health, etc.

Women's Health in Women's Hands (see "Self-Help and Healing Ourselves")

"The women's health movement"

Jessica Lipnack. New Age Journal, 32 Station Street, Brookline, MA 02146, USA. March 1980. English. \$1.50 for single issue.

Excellent and thorough review of major aspects of USA women's health movement, including historical background, relationship to holistic health movement (non-conventional approaches to healing originating outside mainstream of women's health movement), and good reading list.

The Women's Health Movement: Feminist Alternatives to Medical Control

Sheryl Ruzek. Praeger Special Studies. USA. 1978. Paperback 1980. English.

Most complete and up-to-date feminist history of the U.S. women's health movement. From an academic perspective. Well-referenced.

Women's Work, Women's Health (see "Women and Occupational Health")

"Working for Your Life" (see "Audio-Visuals")

CANADA

Groups

MONTREAL HEALTH PRESS

Box 1000, Station G, Montreal, Quebec H2W 2N1, Canada.

Publishes A Book about Birth Control, VD Handbook, A Book about Sexual Assault, and "poster kits" on female and male reproduction, birth control methods, and abortion. Updated materials, 1979. English and French. Booklets, 50¢ each. Send for information on poster kits and bulk orders.

Q.O.L. RESOURCE DIRECTIONS

2466 Dundas St. W., Suite 506, Toronto, Ontario, M6P 1W9, Canada. Tel. (416) 534-4379

Non-profit group produces educational resources (posters, kits, brochures, etc.), provides research material concerned with issues which affect the quality of women's lives. They write,

"Within the health field we are involved in defining from a feminist perspective women's use and abuse of alcohol and prescription drugs."

Best poster features a mime's white face and hands on a blue ground, captioned "Silencing Women Isn't Helping," in French or English. Free. Group also has produced a multi-media kit--video, flipchart and guidelines--to be used as a discussion tool with small groups of women. Write for ordering information.

VANCOUVER WOMEN'S HEALTH COLLECTIVE

1520 West 6th Avenue, Vancouver, B.C., Canada V6J 1R2.

Good resource on women's health, both general and specific to Canada, especially western Canada. Stable group, runs a women's health center, produces wide variety of women's health literature. See also, Caring for Ourselves (in self-help section).

WOMEN'S HEALTH EDUCATION NETWORK (W.H.E.N.)

P.O. Box 311, Truro, Nova Scotia, Canada B2N 5C5.

Based at the Nova Scotia Teachers College in Truro, W.H.E.N. serves as an information-sharing mechanism to support and encourage women involved in voluntary health activities in their own communities. Publishes a newsletter with updates on health issues and reports on projects, activities and events in the Province. Organizes conferences.

Literature

Alertive Alert (see "Food and Eating")

Caring for Ourselves: An Alternative Structure for Health Care (A Report on the Vancouver Women's Health Collective) (see "Self-Help and Healing Ourselves")

Health Alert (see "Women and Occupational Health")

Health Sharing (see "Self-Help and Healing Ourselves")

NORTHERN IRELAND

Women's Action

Belfast Women's Collective, 52 Broadway, Belfast BT 12, Northern Ireland. English. 10 pence per issue.

The May/June 1978 issue of the Belfast collective contains articles on women's aid in Northern Ireland, a dental nurses' strike, the first sex discrimination act test in Northern Ireland, childcare, contraception and abortion, women in South Africa, and freeing of Noreen Winchester and more.

UNITED KINGDOM

Groups

ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES (AIMS)

West Hill Cottage, Exmouth Place, Hastings, Sussex TN34 3JA, England.

Group working to create change in maternity care.

ASSOCIATION OF RADICAL MIDWIVES (ARM)
c/o Sally Hart, Haringay Women's Centre, 40 Turnpike Lane, London N4, England.

"Our overall aim is to restore the role of the midwife for the benefit of the childbearing woman and her baby. We don't see this as going back, but rather as going forward . . . Our objectives are:

- 1) to re-establish the confidence of the midwife in her own skills.
- 2) to share ideas, skills and information.
- 3) to encourage midwives in their support of a woman's active participation in childbirth.
- 4) to reaffirm the need for midwives to provide continuity of care.
- 5) to explore alternative patterns of care.
- 6) to encourage evaluation of development in our field."

ASSOCIATION OF RADICAL MIDWIVES, Scottish Regional Group

c/o Hilary Fender, Fumbleton, Greenlaw, Berwickshire, Scotland. Tel. Greenlaw 255.

Recently formed Scottish Regional Group has information available about midwifery in Scotland. See also, Association of Radical Midwives under England/U.K.

BRENT COMMUNITY HEALTH COUNCIL

Rear Block, Ground Floor, 16-18 High St., Harlesden NW10, London, England.

Community Health Council which has supported several women's health education and advocacy projects begun by feminists. Possibly, a good model for women working with other CHCs.

CAMPAIGN AGAINST DEPO-PROVERA

c/o 374 Grays Inn Road, London WC1, England.

Since January 1979 has coordinated the campaign in England against Depo-Provera (an injectable contraceptive). Aims of the campaign: 1) to demand the withdrawal of Depo-Provera; 2) to expose how the drug has been developed and used on women, often without prior knowledge and consent of the women involved; 3) to demand free, safe and reliable contraception on demand --contraception that does not endanger people's health. The group reports:

"Our most recent activity has been very successful. The British Committee on the Safety of Medicine was planning to allow the drug to be used much more widely in the UK. Owing to the publicity which we managed to organise, the committee retreated, and did not make this decision. Although the drug is only supposed to be given in strictly limited circumstances, it is given quite widely, especially to black women, and to women whom the doctors have decided are stupid, or promiscuous." (March 1980)

IRISH FEMINIST INFORMATION (IFI)

45 Elmwood Ave. Renalagh, Dublin 6, Ireland.

IFI is a voluntary non-profit distribution outlet which disseminates works relating

to women, such as posters, pamphlets, bibliographies, non-sexist children's literature, women's research. Their 1980 Women's Diary and Guide Book contains a substantial section on women and health: diet, exercise, common medical and health problems in women, physical examination and basic tests, drugs (including the Pill), and self-help groups. £1.75 + 15 pence postage.

NATIONAL ABORTION CAMPAIGN

374 Grays Inn Road, London WC1, England.
Tel. 01-278-0153.

The aims of the National Abortion Campaign (NAC) are: to build a mass national campaign to defeat all restrictive legislation on the basis of a woman's right to choose whether to continue or terminate a pregnancy. Specifically: 1) the campaigning slogan shall be "FREE ABORTION ON DEMAND - A WOMAN'S RIGHT TO CHOOSE"; 2) to establish in law a woman's right to make the decision to have an abortion without any medical or legal restrictions; 3) to establish this in practice, by demanding that the Government instruct the Department of Health and Social Security to carry out various measures (including facilities for free abortion, funds for researching techniques . . .). Membership to all who agree with NAC aims.

NATIONAL CHILDBIRTH TRUST

9 Queensborough Terrace, London W2, England.

Non-governmental group focuses on education and preparation for childbirth, breastfeeding, works with doctors, hospitals to reform birth practices. Has extensive teacher training program, publishes reports and materials on aspects of birth in England, offers referrals to classes, teachers, and confinement options.

PATIENTS ASSOCIATION

Suffolk House, Banbury Rd., Oxford
OX2 7HN, England.

Active consumer organization. Publishes Patient Voice, good general resource on relation of National Health Service to health centre advisory groups, includes occasional articles on women's health.

THE ROYAL COLLEGE OF MIDWIVES

15 Mansfield St., London W1M 0BE, England.

The professional organization for English midwives. Can provide information on the training, qualifications, and practice of midwives in England.

THE SOCIETY TO SUPPORT HOME CONFINEMENTS

17 Laburnum Avenue, Durham City, England.

Group working to keep the option of home-birth viable as it is legal, and to oppose resistance to and harassment of home birth by midwives, physicians, hospitals and health authorities.

WOMEN AND WORK HAZARDS GROUP

c/o British Society for Social Responsibility in Science (BSSRS), 9 Poland St., London W1, England.

This group, part of the British Society for Social Responsibility in Science (BSSRS), has put together a "Health and Safety Information Packet" which contains a four-page pull-out, a copy of Hazards Bulletin in which they collaborate, and a collection of one-page briefs on accidents, legislation, workers' rights, dangers to women's reproductive systems, lists of further literature and publications, and lists of trade union groups with whom they work. Packets ordered specially from above address. Hazards Bulletin costs £ 1.50 per year (5 issues), £ 5.00 for institutions.

BSSRS also has a Politics of Health Group which exists to develop a better understanding of how health and disease are produced in our society. They believe that the fundamental causes of ill-health lie in the social and economic structure of society, and that they are matters for public debate and political action. They recently produced a pamphlet, Food and Profit - it makes you sick, which examines the food industry as an example of the way in which ill-health is produced in our society. 28 pages of clear and well-presented analysis. £ 0.50 from above address.

WOMEN'S GROUP, POLITICS OF HEALTH GROUP

c/o British Society for Social

Responsibility in Science (BSSRS),
9 Poland St., London W1, England.

The Politics of Health Group is a national, non-aligned feminist and socialist-feminist group that meets regularly to discuss the politics of health and health care. The Women's Group (a sub-group of the former group) is working in addition as a Women's Health Information and Resource Centre Collective, currently seeking funds to start up a national women's resource centre for health.

Literature

"Abortion: Our struggle for control" (see "Abortion")

"Abortion: Where we stand" (see "Abortion")

Ante-natal Language Kit: To Teach English for Pregnancy (see "Pregnancy and Birth")

ARM Newsletter (see "Pregnancy and Birth")

BPAS Newsletter

British Pregnancy Advisory Service, Austy Manor, Wooten Wawen, Solihull, West Midlands B95 6DA, England. Monthly. English.

Interesting and useful collection of current reprints from newspapers, medical journals, and other publications from England, Scotland and Ireland. Subjects covered: abortion (primarily), contraception, sterilization, population control, childbirth, some gynecological issues.

"Blood money" (see "Self-Help and Healing Ourselves")

"Contraceptives unlimited" (see "Contraception")

"Declaration of a woman's right to choose" (see "Abortion")

The Good Birth Guide (see "Pregnancy and Birth")

Health and Safety Information Packet (see "Women and Occupational Health")

"How to run a health course" (see "Self-Help and Healing Ourselves")

"If the cap fits . . ." (see "Contraception")

"Just like mother's milk?" (see "Breast-feeding and Infant Feeding")

Maternity (see "Pregnancy and Birth")

"Medicine: Beyond cure?"

Undercurrents, special issue on health. No. 19, December 1976 - January 1977. English. (See "Women and Environmental Health")

Several good articles on childbirth, self-help, drugs.

Midwives and Medical Men (see "Pregnancy and Birth")

Mixed Feelings (see "Abortion")

The New Women's Health Handbook (see "Self-Help and Healing Ourselves")

Perinatal and Neonatal Mortality (see "Pregnancy and Birth")

The Place of Birth (see "Pregnancy and Birth")

Scarlet Women

Issue 6/7, April 1978. Scarlet Women Collective, 5 Washington Terrace, North Shields, Tyne and Wear, England. English. 50 pence (US \$1.00).

Newsletter of the Socialist Feminist Current, special issue on reproduction. Analysis and discussion of sexuality, abortion, and childbirth, including women's experiences.

"Women and medicine"

Special issue of Link (Communist Party Women's Journal), 16 King St., London WC2E 8HY, England. Autumn 1976. English. £ 1.05/year from Central Books, 37 Grays Inn Rd., London WC1X 8PS, England.

Good articles on childbirth, abortion, herbal healing, menopause, history, and the National Health Service.

Undercurrents (see "Women and Environmental Health")

EAST EUROPE

Literature

"Birthrate politics in Eastern Europe and USSR" (see "Population Control")

"Eastern Europe and the USSR" (see "Abortion")

"Health care: The mother and her child, the child and the family"
Hungarian Women's Council, Budapest VI,
Népköztársaság Útja 124, Hungary. 1980.
English.

Five-page mimeo with descriptive pieces on health services in Hungary, especially maternity and childcare. Discusses maternity, family, and childcare allowances.

WEST EUROPE

AUSTRIA

Groups

FRAUENZIMMER/BUCHCAFE
Langeasse 11, 1080 Wien, Austria.
Tel. 43 96 685.

This women's bookstore carries much information on women and health--about the only source in Austria. It is also a women's cafe and meeting place where a women and health consultancy group meets and gives out information.

Literature

AUF - Eine Frauenzeitschrift
Aktion Unabhängiger Frauen, Fleischmarkt
22-43, 1010 Wien, Oesterreich (Austria).
Viermal jährlich, Abonnement 8S 70.-.

Die einzige feministische Zeitschrift in Oesterreich. Verschiedene Artikel über Frauen and Gesundheit.

The only feminist journal in Austria. Includes quite frequent articles on aspects of women and health.

BELGIUM

Groups

WOMEN OVERSEAS FOR EQUALITY
c/o Maison des Femmes, 29 rue Blanche,
1050 Bruxelles, Belgium.

"The oldest English-language feminist group in continual operation in Europe." Offers a referral service, and telephone call-in service on legal and medical issues, and advice about rape and abortion.

Literature

Les Cahiers du Grif

Groupe de Recherche et d'Information
Féministe, rue Henri Van Zuylen 59,
1180 Bruxelles, Belgium.

Une revue féministe qui a paru depuis 1973 sur beaucoup de thèmes: "Ceci (n') est (pas) mon corps" No.3 Juin 1974; "Le Travail, c'est la Santé" No. 11 Avril 1976; "Mères-Femmes" No. 17/18 Septembre 1977. Tous les numéros ont un prix différent. Ecrire au Grif pour détails. Quoique la revue n'apparaît plus, le Groupe de Recherche et d'Information Féministe continue son travail, et publiera de temps en temps des documents sur des sujets précis.

A feminist review which has been appearing since 1973 on many varied themes, including aspects of health like motherhood and work. Each issue has a different price: write to Grif for details. Although the review is no longer published, the Group for feminist research and information is continuing its work, and will publish documentation on specific subjects from time to time.

"Femmes entre elles" (lesbianisme) (see "Sexuality")

FEDERAL REPUBLIC OF GERMANYGroups

FEMINISTISCHES FRAUEN GESUNDHEITS
ZENTRUM e.V. (FFGZ)
Kadettenweg 77, 1000 Berlin 45.

Das FFGZ, gegründet im November 1977, ist ein Selbsthilfezentrum, betrieben von einem Frauenkollektiv. "Selbsthilfe heisst, dass jede Frau ihren Körper kennenlernen kann, und durch bewusste Gesundheitsvorsorge Leiden und Krankheit vorbeugen oder diese zumindest erkennen kann. Selbsthilfe beinhaltet das Niederreißen von äusserer Kontrolle über unsere Körper. Emanzipation aus der Abhängigkeit von Autoritäten ist dazu eine Vorbedingung." Das FFGZ versteht sich als eine alternative und notwendige Ergänzung zur offiziellen Medizin. Das Kollektiv arbeitet auf einer völlig nicht-hierarchischen Basis. Hauptsächliche Schwerpunkte: Krebsvorsorge; vaginale Infektionen; Empfängnisverhütung; alternative Behandlungsmethoden und Ernährung; Beratung über Schwangerschaft, Abtreibung, Sexualität und Lesbentum. Selbsthilfekurse werden angeboten, ein Archiv mit medizinischer Information ist für alle Frauen geöffnet. Publikationen: das vierteljährlich erscheinende Magazin CLIO (s. dort), ein Buch "Hexengeflüster", sowie Information über gefährliche Medikamente (z.B. Duogynon, Diaethylstilboestrol=DES).

Set up in November 1977, the Feminist Women's Health Centre (FFCZ) is a self-help centre run by a collective of women. "Self-help means that every woman can get to know her body, and, through conscious health preservation techniques, can avoid ailments and diseases or at least recognize them. Self-help includes breaking down external controls over our bodies. Emancipation from dependency on authority is one precondition for it." FFGZ is set up as an alternate and necessary complement to conventional health care. The collective works on a totally non-hierarchical basis. Main emphasis of their work is: cancer prevention; vaginal infections; contraception; alternative cures and nutrition;

counselling on pregnancy, abortion, sexuality and lesbianism. Also offers self-help courses and have an archive of medical information open to all women during office hours. Publishes a quarterly magazine CLIO (listed separately), and a book Hexengeflüster, "Witches' Whisperings". Also publicizes information about harmful drugs (e.g., DES, Duogynon).

SELBSTHILFE-BERATUNGSGRUPPE
Frauenzentrum, Nieschlagstr. 26,
3 Hanover.

Eine Frauen - Selbsthilfe - und Beratungsgruppe, publiziert Broschüren, z.B. über Schwangerschaftsunterbrechung (inkl. rechtliche Situation und den vorgeschlagenen Paragraphen 218).

An all-women self-help and counselling group on many aspects of women's help. Publishes information brochures on, for instance, abortion (including legal situation and the proposed paragraph 218).

Literature

"Abtreibung" (see "Abortion")

"Behindert leben"
in Courage 1, 1980 (see Federal Republic of Germany)

Eine Serie von Artikeln über das Leben von behinderten Frauen aus feministischer Sicht. Betont die Notwendigkeit der Selbstorganisation von behinderten Frauen. Mit Bibliografie und Informationen.

A series of articles on the life of handicapped women in West Germany from a feminist perspective, emphasizing the need for self-organization by the handicapped women. With a bibliography and information.

"Brustoperation 'es ist kein Krebs . . . aber . . .'" (see "Control of Women By Medical Institutions")

Clio

Eine periodische Zeitschrift zur Selbsthilfe. Feministisches Frauen Gesundheitszentrum e.V., (FFGZ), Kadettenweg 77, 1000 Berlin 45, Bundesrepublik Deutschland (Federal Republic of Germany). Jahresabonnement (4 Nummern) DM 15, gegen

Vorabrechnung auf das FFGZ-Konto Nr. 064 000 7333, Sparkasse der Stadt Berlin West.

Entstand vor drei Jahren als Zeitschrift des FFG. Sie sollte Diskussionsforum für die Selbsthilfe-Bewegung sein, und Frauen die Möglichkeit geben, ihre Erfahrungen mit alternativen Heilmethoden, mit Ärzten und Krankenhäusern zu veröffentlichen, um damit wieder neue Frauen zu erreichen. Jede Nummer ist einem besonderen Thema gewidmet und bringt Nachrichten über andere Gruppen, Aktivitäten, Konferenzen, usw. Die einzige Frauengesundheitszeitschrift auf Deutsch.

Clio, a journal of self-help, began three years ago as the journal of the Feminist Women's Health Centre in Berlin. It is a forum for the self-help movement, and should give women the opportunity to share their experiences in print, about alternative healing methods, with doctors and in hospitals, and thus reach more women. Each issue deals with a specific subject and gives information on other groups, on-going activities, conferences, etc. The only women's German-language journal devoted entirely to women and health.

Courage

Bleibtreustr. 48, 1 Berlin 12, Bundesrepublik Deutschland (Federal Republic of Germany). Einzelnummer DM 3.50, Abonnement: 6 Hefte DM 21.-, Ausland DM 24.-; 12 Hefte DM 42.-, Ausland DM 48.-.

"Die Courage wird nur von Frauen gemacht. Von Feministinnen kollektiv geschrieben, lay-outet, verwaltet. Von Frauen, die in der autonomen Frauenbewegung arbeiten und wissen, dass wir eigene Medien brauchen, um unverzerrt über unseren Alltag Auskunft zu geben. Nunmehr im 5. Jahrgang, versucht die Courage eben dies. Jedes Heft enthält neben der aktuellen Berichterstattung einen thematischen Schwerpunkt. Im Jahre 1979 waren dies bisher: Rosa Luxemburg, Wechseljahre, Männerhass, Atomkraft, Gifte in Nahrungsmitteln, Spiritualismus, Wenn Mütter reisen, Lyrikwerkstatt, Frauendienst im Militär, § 218 "

A magazine run entirely by a collective of women from the autonomous women's movement who believe that we need our own media in order to give an undistorted presentation of our daily reality. Each issue has one major theme, as well as news on many different items. In 1979 themes included: Rosa Luxemburg, menopause, hatred of men, nuclear power, food and eating, spiritualism, women in the army, and § 218 (on abortion).

Dokumentation (see "Women as Paid and Unpaid Health Workers")

"Endlich Strafanzeige gegen Prostaglandine" (see "Abortion")

"Gebären, stillen, schwanger sein"

Clio Nr. 11, January 1979. (See Federal Republic of Germany)

Die ganze Nummer über Schwangerschaft, Gebären und Stillen; Artikel über Ernährung in der Schwangerschaft, Kräuter und Schwangerschaft, Medikamente, Tabak, Radioaktivität, Unfruchtbarkeit, Krankenhaus- und Hausgeburten, Hebammen, Sexualität nach der Geburt, und Tips zum Stillen.

An entire issue on pregnancy, birth and breastfeeding, including articles on nutrition in pregnancy, herbs and pregnancy, drugs, smoking, radioactivity, infertility, midwives, hospital and home birth, sexuality after birth, and several articles on breastfeeding.

Geboren werden und begären (see "Pregnancy and Birth")

Ich möchte Gern Stillen, aber (see "Breastfeeding and Infant Feeding")

Ich will Abtreiben (see "Abortion")

"Paragraph 218" (see "Abortion")

Pro Familia Informationen

Pro Familia Bundesgeschäftsstelle, Cronstettenstrasse 30, 6000 Frankfurt, Bundesrepublik Deutschland (Federal Republic of Germany). Monatlich.

Eine Zeitschrift, die häufig Schwangerschaft, Sterilisation, Abtreibung,

Empfängnisverhütungsmitteln u.s.w. behandelt.

Newspaper which frequently deals with pregnancy, sterilisation, abortion, contraception, etc.

Protokolle

Informationsdienst für Frauen, Verlag Frauenpolitik, Hafenweg 2-4, 4400 Münster. Abonnement DM 15 für 6 Ausgaben.

Informationsdienst von Frauen für Frauen, erscheint 6mal jährlich. Enthält häufig Artikel zum Thema Frauen und Gesundheit. Nr. 19/20, 1978 ("Schwerpunkt: Frauen und Medizin") ist ganz diesem Thema gewidmet: Arzneimittel, Kliniken, Brustoperation, Schwangerschaft, Korean Krankenschwestern in der BRD.

An information service run by women for women and appearing 6 times a year, Protokolle frequently carries articles about women and health. See in particular No. 19/20, 1978 entitled "Schwerpunkt: Frauen und Medizin" ("Women and Medicine") which deals entirely with health: drugs, clinics, breast operation, pregnancy, and Korean nurses in Germany.

"Schwangerschaft/Geburt/Wochenbett" (see "Control of Women by Medical Institutions")

Sterilisation, Eine Notlösung, die wir uns erst noch erkämpfen müssen. (see "Sterilization and Sterilization Abuse")

"Unser täglich Gift" (see "Food and Eating")

"Der verdammte Alkohol" in Courage 11, Nov. 1979.

Eine Serie von Artikeln über Alkoholismus bei Frauen.

"Damned Alcohol." A series of articles on alcoholism in women.

"Verhütung" (see "Contraception")

Verhütungsmittel (see "Contraception")

Was erwartet uns beim Frauenarzt? (see "Self-Help and Healing Ourselves")

"Wir bemühen uns die Geburten in die offiziellen Dienstzeiten zu legen!" (see "Pregnancy and Birth")

Wir wollen nicht mehr nach Holland fahren (see "Abortion")

FRANCE

Groups

CHOISIR

102 rue St. Dominique, 75007 Paris, France. Tel. 277 33 00.

Organisation établie en 1971 pour mener la lutte pour la libéralisation de l'avortement et de la contraception, et pour une éducation sexuelle meilleure en France. Ses objectifs sont: 1) l'abrogation de tous les textes législatifs ou réglementaires sur anti-avortement; 2) la généralisation, la gratuité et la totale liberté de la contraception; 3) la défense de ceux ou celles qui seraient l'objet de sanction ou de poursuite sur le plan administratif, social ou judiciaire en raison de leur action en faveur de la liberté de l'avortement et l'abrogation de la législation répressive qui s'y rapporte. Edite aussi une revue mensuelle qui contient des articles et des nouvelles sur l'avortement, le viol, la sexualité, les luttes de Choisir et d'autres, et des articles sur les femmes dans d'autres pays du monde. Abonnement annuel: France 50FF, Etranger 60 FF. Cotisation: France 130FF, Etranger 150FF. Cotisation de soutien 200-500FF.

Organization set up in 1971 to campaign for the liberalization of abortion, contraception and better sex education in France. Its specific objectives are: 1) the abrogation of all legislation or ruling concerning suppression of abortion; 2) free access and wide distribution of contraceptives; 3) the defense of those people who are persecuted on an administrative, social or legal level because of their actions in favor of the freedom of abortion and the abrogation of repressive legislation about it.

They also produce a monthly magazine. CHOISIR, containing news and articles on

abortion, rape, sexuality and the activities of Choisir. Also includes articles on women in different parts of the world. Annual subscription: France 50FF, elsewhere 60FF. Membership: France 130FF min., elsewhere 150FF min. Sustaining donation 200-500FF.

COLLECTIF SELF-HELP

c/o Claudine Jasmin, 5 rue de Veron, 75018 Paris, France.

Groupe d'auto-examen, entièrement de femmes, qui diffuse aussi de la documentation sur les femmes et la santé.

All women self-help/self-examination group which also distributes documentation on women and health.

MOUVEMENT POUR LA LIBERATION D'AVORTEMENT ET DE CONTRACEPTION (MLAC)

39 rue du Port Neuf, 13100 Aix-en-Provence, France; and: 34 rue Vieille du Temple, 75004 Paris, France.

Groupe de femmes actif depuis plusieurs années sur la lutte pour l'avortement et la contraception libres et gratuits. Il a un local d'informations sur le planning familial. Aussi un film sur le procès d'Aix-en-Provence qui a eu lieu en 1976 contre des femmes qui avaient pratiqué des avortements; des brochures.

A women's group which has been active for many years in the struggle for free contraception and abortion in France. Their centre gives out information on family planning. They also have a film about the trial of Aix-en-Provence which took place in 1976 against several women who had performed abortions; and pamphlets on abortion; and a childbirth film. (see "A-V")

TROIS F

91 Quai de la Gare, Paris 75013, France

École pour femmes gérée par des femmes où se font des cours de plomberie, mécanique, etc. mais aussi d'auto-examen. (gynecologie)

School for women run by women for courses in plumbing, mechanics, etc., and also self-examination (self-help gynecology).

Literature

La Cause des Femmes (see "Abortion")

L'Italie au Féminisme

Louise Vendelac, ed. Editions Tierce, 1, rue des Fosses St. Jacques, Paris, France. 1978. Français.

Ecrits de l'intérieur du mouvement et réunis par le GRIF (Groups de Recherches et d'Informations Féministes, Bruxelles, Belgique), ces textes retracent l'évolution du féminisme italien, en décrivent le contexte, les contradictions, les hésitations et analysent son impact à travers les luttes sur la santé, l'avortement, le lesbianisme, le travail ménager, l'école, la culture, la violence et les rapports avec la nouvelle gauche. Il contient une liste des groupes de femmes en Italie, des librairies et des journaux féministes ainsi qu'une bibliographie.

Text from the Italian women's movement translated and compiled by the GRIF, Belgium. A survey of the evolution of the feminist movement in Italy, they describe the context of the movement, its contradictions and hesitations and analyse its impact through the actions on health, abortion, lesbianism, housework, school, culture, violence, and relationships with the new left. Also contains a list of women's groups in Italy, bookshops and periodicals, as well as a bibliography.

La Médecine Désordonnée : d'une pratique de l'avortement à la lutte pour la santé (see "Reproductive Issues - General")

"A Notre Santé" (see "Audio-Visuals")

"Regarde, Elle A Les Yeux Grands Ouverts" (see "Audio-Visuals")

Vivre Autrement dès Maintenant (see "Abortion")

LUXEMBOURG

Groups

MOUVEMENT DE LIBERATION DES FEMMES (MLF)
17 Avenue Monterey, Luxembourg City, Luxembourg.

Un groupe qui travaille pour la libéralisation de la loi sur l'avortement, et sur d'autres problèmes comme les crèches et les femmes battues.

Feminist group working for the liberalization of the abortion law, and on issues such as day care and battered wives.

ITALY

Groups

COLLETTIVO SALUTE DELLA DONNA

c/o Vicky Franzinetti, 42, via Berthollet, Torino, Italia.

Good source of women's health information in Italian. Sometimes writes articles for newspapers and other publications.

GRIDQ

via dei Neri 23, 50100 Firenze, Italia.

Clinic operated by the Radical Party in Florence. Offers information, self-help clinics, contraception services, and counseling. Interested in exchanging information and experiences with other groups.

GRUPPO DI RICERCA PER LA SALUTE DELLA DONNA

c/o Danila Olivetta, Via Angela Merici No. 52, 00162 Roma, Italy.

Group for research on women and health. Concentrates on childbirth without pain and at home, herbal therapy, research on alternatives to medical care, such as acupuncture, shiatzu, Reichian therapy, homeopathy, nutrition, etc. Three members of the group are currently doing research on dysmenorrhea (pain during menstruation), its causes, therapies, taking an anthropological approach. This should be published by April 1981.

GRUPPO FEMMINISTA PER LA SALUTE DELLA DONNA

vicolo San Francesco a Ripa 17, c/o Arienzo, 00153 Roma, Italia.

Questo gruppo si è costituito nel 1973 come una cooperativa di donne che praticano il self-help e raccolgono informazioni e documentazione sulla

salute della donna. Il gruppo ha pubblicato una serie di libretti sulla contraccezione, la menopausa, le infezioni vaginali e la loro cura alternativa, l'autovisita. Stanno preparando altre pubblicazioni sulla trasmissione di malattie sessuali, sul seno, la gravidanza e il parto. Nel 1977 il gruppo ha organizzato a Roma la prima conferenza internazionale femminista sulla salute.

Formed in 1973, this self-help group is a cooperative of women practicing self-help and collecting information and documentation on women's health. The group has published a series of booklets on contraception, menopause, vaginal infections and alternative cures, self-examination. They are preparing booklets on sexually transmitted diseases, the breasts, pregnancy and birth. In 1977 the group organized in Rome the first international feminist conference on health.

Literature

The Abortion Campaign in Italy (see "Abortion")

Aborto: Facciamolo Da Noi (see "Abortion")

Aborto Libero? Il Metodo Karmen e la Sperimentazione sulle Donne (see "Abortion")

Anticoncezionali (see "Contraception")

L'Autovisita (see "Self-Help and Healing Ourselves")

Avanti un'Altra: Donne e Ginecologi a Confronto (see "Control of Women by Medical Institutions")

Donne e Medicina (see "Self-Help and Healing Ourselves")

"Europe's most liberal abortion law is not enough" (see "Abortion")

Infezioni Vaginali (see "Self-Help and Healing Ourselves")

Insieme Contro: Esperienze dei Consultori Femministi (see "Self-Help and Healing Ourselves")

"Italian abortion law" (see "Abortion")

La Mancanza di Potere e la Nostra Malattia
(see "Women and Occupational Health")

Medicina Popolare

c/o Orsola Baldacci, Piazza Santo Stefano 10, 20122 Milano, Italia.
Italiano.

Questa rivista di medicina popolare comprende una sezione sulle donne e sulla salute con contributi di gruppi femministi che si occupano dei problemi della salute. Presenta anche pubblicazioni e libri sulle donne e la salute.

This magazine of popular medicine includes a section on women and health with contributions by feminist health groups. It also reviews publications and books on women and health.

La Menopausa (see "Menopause and Aging")

Menopausa Che Solievo (see "Menopause and Aging")

La Pillola (see "Contraception")

La Pillola e Altri Contraccettivi Ormonali
(see "Contraception")

Ritorno al Diaframma (see "Contraception")

Sesso Amaro (see "Reproductive Issues - General")

Seveso est Partout (see "Women and Environmental Health")

Visita Ginecologica (see "Control of Women by Medical Institutions")

NETHERLANDS

Groups

PHARMACIEWERKGROEP NEDERLAND
c/o Urusla Wagner, Planorpad 6C Leiden,
Nederland.

Women's group studying drugs used for women's health and medical care.

PHIL VANDERLINER CINEMIEN (see "Audio-Visuals")

WOMEN'S HEALTH GROUP (Amsterdam)
c/o Marlie Huyer, Pieter Aertsz Str.
25 hues., Amsterdam, Nederland.

Group of about 25 women medical students discussing, researching, and writing on various aspects of women's health. Some members do health counseling at a local women's center, Clara (K'kaer Str. 159, Amsterdam).

VROUWENHUIS - HEALTH GROUP
Nieuwe Herengracht 95, Amsterdam,
Nederland.

Self-help group which meets at the Women's Center in Amsterdam. The archives of the group (which has changed considerably over time) contain much useful information. Address archive inquiries to Els Wolff.

VIDO - VROUWEN IN DE OVERGANG (Women in Menopause)
Gerard Doustraat 224, Amsterdam 1073 XC,
Nederland. Tel. 791431.

VIDO is een organisatie die zich er op toelegt vrouwen samen te brengen om met elkaar te praten over hun problemen, klachten en mogelijkheden tijdens de overgang (menopauze). De nadruk wordt gelegd op zelf help en dus tegen de gebruik van medicijnen. Er zijn 108 VIDO-groepen in heel Nederland opgericht sinds het ontstaan van de organisatie in 1975.

A discussion-centered organization concentrating on bringing together women who are entering menopause to talk about their problems, complaints and possibilities. Emphasis is on self-help, against drugs. There are 108 VIDO-groups throughout the Netherlands. The organization was set up in 1975.

VROUWENGESONDHEIDS CENTRUM
Solostraat1, Amsterdam-Oost.

Women's Health Center opened in November 1979. "Health doesn't only mean physical well being, but also 'feeling good in your own body,' learning how you function and what's good for you when you're ill.

Health is also having good contact with other people, living in a sociable neighborhood, being paid for work in which you can grow and develop yourself, a decent home and care for your children, etc."

"Because the health field has such a large scope and overlaps in so many areas, we, in the Women's Health Center, give support, advice and information in medical, legal and social fields." They have written information available, feminist booklets for sale, and a lending library. WHC is a self-help discussion and counseling center which does not give treatment for medical problems as such."

VROUWENGESONDHEIDSCENTRUM (Women's Health Center)

Lange Nieuwstraat 77, Utrecht, Nederland.

Het Vrouwengezondheidscentrum te Utrecht is in 1979 door een groep van 20 vrouwen gesticht. In dit centrum studeert men op de problemen rond vrouwen en hun gezondheid. Daarover wordt ook informatie verzameld. De voornaamste onderwerpen zijn: antikonceptie, gynecologische problemen in het algemeen, zwangerschap, bevalling en het systeem van medische zorg. Eén maal per week is het centrum open om informatie te geven. De groep geeft een informatie blaadje uit.

Formed in 1979 by a group of 20 women, this women's health center is engaged in study and collection of information and materials on women and health. The main areas of study are contraception, gynecological problems, pregnancy, childbirth and the medical system. The center is open for information once a week and the group produces a newsletter.

Literature

Erfahrungen in Einer Abtreibungsklinik in Amsterdam (see "Abortion")

Hoe Tante Sjaan Haar Lichaam Leert Kennen (How Aunt Sjaan Learns about Her Body) (see "Self-Help and Healing Ourselves")

Ik Sta Niet Alleen (I Am Not Alone) (see "Menopause and Aging")

De Methoden van Zwangerschapsafbreking in Nederlandse (see "Abortion")

Tantje Sjaan Blijft Gaan (Aunt Sjaan Goes On)

Edited by the Studium Generale Rotterdam, Postbus 1738, Rotterdam, Nederland, 1977.

Dit boekje is bedoeld voor vrouwen die het willen gebruiken tijdens kursussen. Het is door vrouwen geschreven. Onderwerpen die worden behandeld zijn: vrouwen en werk, therapie groepen, de relatie tussen vrouwen en artsen, zelf-hulp, borst kanker en sexualiteit.

Written by a group of women for use in adult education courses for women, this booklet deals with the themes of women and work, therapy groups, the relationship of women and doctors, self-help, breast surgery and sexuality.

Terug Naar Te Lief (Back to Your Body) (see "Control of Women by Medical Institutions")

"Tien jaar Dolle Mina" (see "Abortion")

PORTUGAL

Groups

CAMPAGNA NACIONAL A FAVOR DO ABORTO E CONTRAC PÇÃO

Rua Rodrigues Sampaio No. 79-r/c
Lisboa, Portugal

Grupo Portugues de mulheres formado depois de Fevereiro, 1976, programa televisão sobre aborto. Maria Palla, a jornalista responsável pelo programa, foi presa, e depois solta julhada.

Portuguese women's group formed after a February, 1976 television program about abortion. Maria Palla, the television journalist responsible for the program, was arrested, then later acquitted.

Literature

Boletim da Camponha Nacional pelo Abôrto e Contracepção (CNAC) (see "Reproductive Issues - General")

SWEDENGroups

BIPPAN NORBERO (Women's Secrets)
c/o Kvinnohuset, Snickerbäcken 10,
Stockholm, Sweden.

Plans to open a Health Information Service Resource Center in Spring 1980. Center would offer support groups, self-help classes, newsletter, literature about different health issues, and exchange point for feminists from different countries.

Literature

"Five years with 'free' abortion" (see "Abortion")

Kvinnohälsa - Din Kropp och hälso varden, en omvärdering (Women's Health - Your Body and the Health Care System Re-evaluated)
Linda Pucci. Gidlunds, Box 12106,
S-10221 Stockholm, Sweden. 1980. Swedish.
Sw. Kr. 40 (US \$10.00).

"Kvinnohälsa är en bok om kvinnans förhållande till sin kropp och om den roll sjukvården spelar i detta förhållande. Den tar bland annat upp kvinnokroppens funktioner, dess rytm, förklarar hur en gynekologisk undersökning går till, för att sedan också klargöra hur sjukvårdssystemet fungerar. Vem bestämmer vad? Och vad döljer sig bakom de medicinska termerna?

En kritisk inblick i svensk sjukvård med många råd till kvinnor i alla åldrar som vill veta mer om sin hälsa."

"Kvinnohälsa is a book about woman's relationship to her body and the role of health care in that relationship. Among other things, it addresses issues like the functioning of woman's body, its rhythm, it explains the pelvic examination and even takes up bureaucratic structure of the Swedish health care system. Who decides what? What is hidden behind medical terms?

A critical look into the Swedish medical care with a lot of good advice to women of all ages who want to know more about their health."

"Women and the Swedish Health Care System"
Linda Pucci. c/o Kvinnocentrum, Birger Jarlsgatan 22, 11434 Stockholm, Sweden. 1980. English and Swedish. Send contribution for postage (or literature in exchange).

Important new critique of Swedish health care for women. Reviews major women's health concerns in Sweden.

SPAINLiterature

Cuaderno Feminista - Introducción al Self-Help (see "Self-Help and Healing Ourselves")

La Mujer y su Lucha (see "Abortion")

"La Sexualidad Feminina" (see "Sexuality")

SWITZERLANDGroupsLES FRONDEUSES

Case Postale 111, 1227 Carouge, Suisse (Switzerland).

Groupe de femmes qui luttent pour l'avortement libre et gratuit, et la contraception. Publie un journal, Les Frondeuses (irrégulièrement).

Women's group fighting for free abortion and contraception. Publishes a newspaper, Les Frondeuses (irregularly).

GRUPPE FUER EIN FRAUENGESUNDHEITSZENTRUM
Postfach 1471, 3001 Bern, Schweiz (Switzerland)

Wir sind eine Gruppe von Frauen aus medizinischen und nicht medizinischen Berufen. Unser Ziel, ein Frauengesundheitszentrum, ist noch nicht erreicht, aber als Vorstufe dazu haben wir ein Lokal an der Kramgasse 67, wo uns Frauen erreichen können, um über folgende Probleme informiert und beraten zu werden: Verhütung, Infektionen, Schwangerschaft, Sexualität, Menstruation und Wechseljahre. Wir legen Wert auf möglichst natürliche

Heilmittel (Kräuter, Massage) und propagieren auch vor allem alternative Verhütung. Wir finden den Erfahrungsaustausch unter Frauen mit ähnlichen Problemen wichtig. Auch werden wir Selbstuntersuchung in Gruppen zeigen.

Unsere Zeitung, Chnoblouch Press, erscheint viermal jährlich, Sfr. 6.00. Die Broschüre "Was wir Frauen wissen müssen" über Verhütung und Sexualität wird auch bezogen, Sfr. 5.00.

We are a group of women from both medical and non-medical backgrounds. Our aim is to open a women's health centre, but until this is realised we have space at Kramgasse 67, where we exchange information and give counselling on: contraception, infections, pregnancy, sexuality, menstruation and menopause. We are concerned with natural healing methods. We think it is very important for women with similar problems to exchange experiences. We also practice self-examination in groups.

Our newspaper, Chnoblouch Press, is quarterly, Sfr. 6.00. The brochure "Was wir Frauen wissen müssen" ("What we women ought to know") about contraception and sexuality is also available, Sfr. 5.00.

Literature

Accoucher à la Maternité: ce que nous refusons, ce que nous voulons. (see "Pregnancy and Birth")

Alternativ Katalog, Band 2 und 3
Hrsgb. von der Dezentrale, Postfach 12,
2900 Porrentruy 2, Schweiz (Switzerland).
SFr. 27.00 und SFr. 25.00.

Die zwei Kataloge über alternative Lebensstile umfassen eine ganze Auswahl von Themen, wie Atomkraftwerke, alternative Energie, Arbeitskräfte, Ernährung und Essen, Umgebung, unsere Körper, Kinder, Frauenbefreiung, Männerbefreiung, Therapie, Wirtschaft, Selbsthilfe, Sexualität, Empfängnisverhütung, Sterilisation, Geburt, Stillen.

Two catalogues about alternative lifestyles, covering a whole range of subjects

such as nuclear power, alternative energy, workforce, food and eating, environment, our bodies, children, women's liberation, men's liberation, therapy, economy, self-help, sexuality, contraception, sterilization, birth, breast feeding.

Bon Sang! (see "Self-Help and Healing Ourselves")

Contraception, Avortement (see "Reproductive Issues - General")

Examen Gynécologique (see "Self-Help and Healing Ourselves")

Personne Ne Décidera Pour Nous (see "Abortion")

"La prostaglandine - une répression subtile" (see "Abortion")

"Schwangerschaftsabbruch" (see "Abortion")

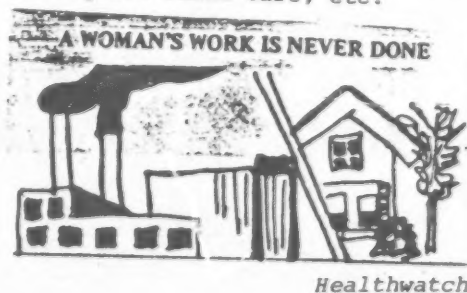
"Sondernummer Gesundheit"
In Emanzipation. Zeitung der Organisation für die Sache der Frauen (OFRA), Postfach 187, 4007 Basel, Switzerland. May 4, 1980. Deutsch. SF2.50.

This special issue devoted to women and health deals with a variety of issues including the nursing profession, self-examination and self-help.

ADDENDUM to "United States"

COMMITTEE FOR ABORTION RIGHTS AND AGAINST STERILIZATION ABUSE (CARASA)
386 Park Ave. So., Rm. 1502, New York,
NY 10016, USA.

Membership organization working towards reproductive freedom for all women. Concerned with abortion rights, sterilization abuse, safe birth control, sex education in schools, good and accessible health care, adequate child care, etc.



AFTERWORD

THIS IS ONLY A PRELIMINARY EDITION. PLEASE SEND US YOUR COMMENTS, CRITICISMS, AND SUGGESTIONS FOR ADDITIONAL RESOURCES (BOTH GROUPS AND LITERATURE) THAT CAN BE USED IN THE 2ND EDITION. WE WOULD APPRECIATE HEARING FROM YOU BY 30 NOVEMBER 1980, SINCE WE ARE PLANNING TO PRODUCE THE 2ND EDITION IN THE SPRING OF 1981. WRITE TO US AT EITHER ADDRESS BELOW:

ISIS
CASE POSTALE 301
1227 CAROUGE
SWITZERLAND

OR

BOSTON WOMEN'S HEALTH BOOK COLLECTIVE
PO BOX 192
WEST SOMERVILLE, MA 02144
USA

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"REMEMBER THE DIGNITY
OF YOUR WOMANHOOD.
DO NOT APPEAL,
DO NOT BEG,
DO NOT GROVEL.
TAKE COURAGE,
JOIN HANDS
STAND BESIDE US.
FIGHT WITH US...."

CHRISTABEL PANKHURST
ENGLISH SUFFRAGIST, (1880-1958)